



VOLUNTEER APPLICATION

1. Volunteer Name: Mr./Mrs./Ms. _____

Mailing Address: _____

Street Address _____

(If different from mailing)

City, State, Zip: _____

City, State, Zip: _____

Day/Work Phone: _____

Night/Home Phone: _____

Email: _____

May we contact you at work? Yes _____ No _____ (please X one)
Age Range: 14-19 _____ 20-30 _____ 31-40 _____ 41-50 _____ 51-60 _____ 60+ _____

Please indicate days and times you may be available:
Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

2. In Case of Emergency, whom should we contact? _____

What is your Relationship: _____

Day Phone: _____

Cell Phone: _____

Home or Eve. Phone: _____

3. Educational History: Please list from High School to present status, and any additional

Training, skills or experience that would be helpful in your volunteership :

ATTENTION: VOLUNTEER COORDINATOR

4. Employment History:

Company Name	Address	Position Held	Dates Worked
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Volunteer History:

Organization	Type of Group	Your Volunteer Role	Dates as Volunteer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Please tell us of your experience working with people with a physical or developmental disability:

7. Have you ever been convicted of a violation of the law (other than a parking violation)?

Yes _____ No _____ IF YES, PLEASE EXPLAIN: _____

8. References: Please list the names, addresses and phone numbers of three people familiar with your volunteer, employment, or educational experience that we may contact for reference:

Name	Phone	Relationship (employer/teacher/friend, etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO ASSIST US IN PLACING YOU IN A VOLUNTEER POSITION, please tell us more about your strengths and interests:

1. Are you able to communicate in nonverbal ways such as sign language? Yes _____ No _____

IF YES, PLEASE EXPLAIN: _____

2. What languages, other than English, do you speak?

3. With what age group and gender would you prefer to volunteer? _____

4. What are your hobbies or interests? _____

5. What knowledge and skills would you like to develop through your volunteer services with The Arc?

6. Why do you wish to be a volunteer for The Arc? _____

7. How did you learn about The Arc's Volunteer Program? _____

8. Do you have any physical disability or health condition that should be considered concerning your volunteer placement?
Yes _____ No _____

If yes, please explain: _____

I certify that all statements made on this application are complete and accurate to the best of my knowledge. The Arc has my permission to verify this information, contact references and perform a criminal background check.

I agree to hold harmless The Arc of Somerset County and its staff while performing volunteer services.

Applicant Signature: _____

Date: _____

The mission of The Arc of Somerset County is to provide services and advocacy for persons with disabilities and their families.

Please return completed Volunteer Application to:

Volunteer Coordinator

The Arc of Somerset County

141 South Main Street, Manville, NJ 08835

VOLUNTEER INTERESTS SURVEY

	Acting or Dramatics
	Aerobics Exercise
	Arts & Crafts
	Auto Mechanics
	Badminton
	Baseball
	Basketball
	Bike-riding
	Billiards or Pool
	Board Games (like Monopoly)
	Bowling
	Building Models
	Camping
	Cleaning House
	Collecting
	Cooking/Baking
	Cookouts
	Creative Writing
	Crocheting
	Dancing
	Doing Puzzles
	Exercise
	Fixing Hair
	Fixing Things
	Flying Kites
	Football
	Gardening
	Golf/Miniature Golf
	Grooming
	Having a Pet
	Hiking
	Homework Helper
	Kite Making
	Knitting
	Teaching a Foreign Language
	Teaching a School Subject
	Listening to Music

Please place a letter in front of the interests you have, and signify if you'd like to "T" teach it, or "E" enjoy the activity. If you have an interest not listed, please use the blanks above to share your ideas and interests. Thank you for completing this volunteer survey.

Name:

Date: