



## VOLUNTEER APPLICATION

The Arc of Delaware County welcomes volunteers and is committed to utilizing the valuable gift of time and talents in a meaningful way. We are also committed to providing the children and adults we support with qualified, capable staff and volunteers. Therefore, the information gathered on this form is only a first step in the process of applying to be a volunteer at The Arc of Delaware County. Volunteer applicants may be screened, interviewed, and required to undergo a variety of background checks. All volunteers must comply with the organization's governing regulations, policies and procedures; these will be explained during the interview process.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE : \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I am a: (check all that apply)

student       adult       senior       family member of someone who receives services

Arc Member       former Arc employee       someone who receives services from Arc

volunteer representing a local organization/business called: \_\_\_\_\_

How did you hear about The Arc of Delaware County? \_\_\_\_\_

### Background and Personal Information

**Education**       Elementary                       High School  
 College/Major: \_\_\_\_\_  
 Vocational or Special Training: \_\_\_\_\_

**Have you ever been charged or convicted of a misdemeanor or a felony in any jurisdiction, and are there any criminal charges against you?:**       Yes       No

If yes, please explain: \_\_\_\_\_

\*Note: Staff and volunteers which the agency believes may provide regular and substantial unsupervised or unrestricted contact with the individuals we support must provide information, statements and fingerprints as necessary to allow a criminal background check to be conducted pursuant to OPWDD.

**Current/Previous Volunteer Experiences for references:**

- a. Name of organization: \_\_\_\_\_  
Kind of work performed: \_\_\_\_\_  
Length of time with organization: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
If we may contact, please give phone #: \_\_\_\_\_
  
- b. Name of organization: \_\_\_\_\_  
Kind of work performed: \_\_\_\_\_  
Length of time with organization: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
If we may contact, please give phone #: \_\_\_\_\_

**Additional References (non-relatives):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical & Emergency Contact Information:** (Please provide two contacts.)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are there special accommodations, physical limitations, medical conditions or allergies we should be aware of?**

Yes       No      If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you received the Mantoux/TB test within the last year?**     Yes     No

If yes, you may need to provide documentation, depending on the type of volunteer work you do.

**Employment History**

Current employer: \_\_\_\_\_  
Position: \_\_\_\_\_ Length of employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
If we may contact, please give phone #: \_\_\_\_\_

**Transportation**

Do you have your own transportation:  Yes     No    Do you have a NYS Driver's License?  Yes     No

\*Depending on the type of volunteer work you do, we may require a copy of your driver's license and to do a driver's background check.

**Special Areas of Interest** (check all that apply)

Directly supporting people with disabilities:

- serving as a guest artist or volunteer in Studio 190
- supporting the Respite Group during recreation and group activities
- providing individual companionship and friendship
- sharing my hobby/talent with an individual or small group with the same interest (describe below)
- being a guest instructor, teaching (describe): \_\_\_\_\_
- other: \_\_\_\_\_

Other:

- Special Events (award ceremonies, holiday hooplas, community events, etc.)
- Administrative tasks (mailing assembly, clerical duties, participation on a committee, etc.)
- Maintenance and construction (maintenance and handy work, painting, etc.)
- Gardening or lawn care

Miscellaneous

- I would like to: \_\_\_\_\_
- I'd consider volunteering where I'm most needed.
- I prefer to work with your \_\_\_\_\_ program.
- I would only consider working with adults or senior citizens
- I would only consider working with children (ages 3-5)

**Interests, Skills and Hobbies:**

Do you have any special interests, skills and/or hobbies? Please share:

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**My availability to volunteer is** (check all that apply):

- Daily  Weekly  Periodically
- At these specific times of day: \_\_\_\_\_

**Any other information you would like to share in regards to your volunteer interests:**

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**Applicant Statement:**

I certify that all the information I have supplied on this form is a true and complete statement of the facts and answers required herein, without omissions of any kind whatsoever.

In the event of my selection as a volunteer, I understand that any omission, misrepresentation and/or falsification of information contained in this application would be grounds for immediate dismissal. I also understand that I am required to abide by all the rules and regulations of the Agency.

I further agree that the Agency may contact any and all previous employers, schools, and references for full information except as I have stated otherwise on this form. By this form, I hereby authorize and direct employers, schools, or persons named above to give any information regarding my employment or education and hereby release said employers, schools, or persons as well as The Arc of Delaware County from all liability for any damages whatsoever in providing this information to The Arc of Delaware County.

This is not a contract for volunteer services. I understand and agree that if I am selected to provide volunteer services by The Arc of Delaware County, it will be for no definite period of time. Further, I understand and agree that I am free to terminate my volunteer status at any time, without notice, and the Agency also retains the right to terminate my volunteer status without notice or cause. Any verbal or written statements or promises to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing volunteer.

**I have carefully read and understand the above statement.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*PARENT'S SIGNATURE (if under 18 years old):* \_\_\_\_\_

**Please complete and return this form to:**

The Arc of Delaware County  
Attn: Community Relations  
190 Prospect Ave., Walton, NY 13856  
Phone: (607) 865-7184  
Fax: (607) 865-8751

**Learn more about us at [www.delarc.org](http://www.delarc.org)**

**THANK YOU FOR YOUR INTEREST!**