



Volunteer Application

Date: _____

Name Phone Number Email

Permanent Address City State Zip

I would like to volunteer with:

- Able Earth Challenger Sports Fundraising/Events
- Main Office Other _____

I would prefer a:

- One Time Assignment On-going Assignment Internship/Practicum

The days/times I am available to volunteer are:

I would like to volunteer approximately _____ hours per week / month (circle time frame)

Education/Employment:

High School Location Graduation Year

College/University Location Graduation Year

Employer Location Position

Do you have experience working with individuals with intellectual/developmental disabilities?

- No Yes _____

What do you hope to gain from volunteering with The Arc?

Please list two references (non-relatives) we may contact:

<i>Name</i>	<i>Phone Number</i>	<i>Relationship to you</i>	<i>Years known</i>
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<i>Name</i>	<i>Phone Number</i>	<i>Relationship to you</i>	<i>Years known</i>
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In case of an emergency, we should contact:

<i>Name</i>	<i>Relationship to you</i>	<i>Primary Phone</i>	<i>Secondary Phone</i>
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Have you ever been convicted of any criminal offense other than a minor traffic violation? (You do not need to include an arrest or conviction record that has been expunged or sealed).

Yes No

If yes, please explain _____

By signing below, I certify that the information given by me on this application is true in all respects, and I have not failed to disclose information which The Arc of Greensboro could consider relevant to its decision to use me as a volunteer.

I am at least 18 years of age.

I am under the age of 18.

Signature: _____

Date:

Guardian Signature: _____
(if under the age of 18)

Date: