



# VOLUNTEER APPLICATION

301.984.5777  
11600 Nebel Street, Rockville, Maryland 20852  
www.thearcmontgomerycounty.org

## PERSONAL INFORMATION

(Please Print)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Cell

Email Address \_\_\_\_\_ Gender  Female  Male

Person to contact in case of emergency:

\_\_\_\_\_  
Name Home phone Other Phone Relationship

Do you have any medical conditions, such as allergies or asthma, which could affect your ability to perform your volunteer duties, or that we should be aware of in order to assist you in an emergency?

No  Yes Please explain \_\_\_\_\_

Have you ever worked with individuals with intellectual and/or developmental disabilities?  Yes  No

Please list any prior volunteer experience below.

\_\_\_\_\_

Why are you interested in volunteering with The Arc Montgomery County?

\_\_\_\_\_

How did you learn about our organization?

\_\_\_\_\_

Please list any special interests or skills which you could contribute as a volunteer.

\_\_\_\_\_

What do you hope to gain from your volunteer experience with The Arc?

\_\_\_\_\_

How many hours per week can you dedicate to volunteer work with The Arc?

\_\_\_\_\_

Please list the specific days and times you are available for volunteer assignments.

\_\_\_\_\_

## EDUCATION

Name of School and location	Type of Diploma or Degree Awarded	Dates Attended	Major Field of Study

## EMPLOYMENT

Occupation	Employer Name And Address	Employer Phone	Supervisor Name

Please list any other employment or educational experience which you feel might be relevant to volunteering with The Arc.

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## REFERENCES

Please list the name and telephone number of two references, one personal and one professional, who are NOT related to you and who have known you longer than one year.

Name	Daytime telephone number	Relationship
	( )	
	( )	

## PLACEMENT PREFERENCES

Please check all programs, activities or events which are of interest to you. Descriptions can be found on our website.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child Care Support               | <input type="checkbox"/> Administrative Support  | <input type="checkbox"/> Adult Care Support         |
| <input type="checkbox"/> Retail (Thrift Store) Support    | <input type="checkbox"/> Next Chapter Book Club  | <input type="checkbox"/> Moonlight & Roses Ball     |
| <input type="checkbox"/> Holiday Gift Wrapping Fundraiser | <input type="checkbox"/> Casino Night Fundraiser | <input type="checkbox"/> Derby Duck Race Fundraiser |

## VOLUNTEER AGREEMENT

I certify the responses given herein are true and complete to the best of my knowledge. Understanding The Arc Montgomery County has a real need for my services as a volunteer, I agree to:

- Conduct myself with dignity and courtesy at all times in order to uphold the good reputation of The Arc;
- Work together with others in a kind, cooperative manner;
- Treat all information about participants as confidential;
- Be dependable in punctuality, attendance and performance of duties;
- Follow all guidelines in the Volunteer Handbook (including revised editions);
- Complete all required orientation and training courses and provide completed copies of all required forms;
- Make sure I understand my assigned duties.

I understand The Arc may ask me to stop providing volunteer services at any time, for any reason, with or without notice. I understand I have no employment relationship with The Arc, I do not expect to receive any offer of employment as a result of my volunteer activities, and I will receive no financial reimbursement for services provided to The Arc.

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Signature of applicant

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Date