

The Arc Muskegon Volunteer Application

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

DOB: _____ E-Mail: _____

SSN: _____ Driver License: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Relationship: _____

REFERENCES:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes _____ No _____

If yes, what was the nature of the offense? _____

PREVIOUS VOLUNTEER EXPERIENCE:

Where	Duties
_____	_____
_____	_____
_____	_____

It is the expectation of The Arc Muskegon that all volunteers maintain a high level of confidentiality in respect to information learned or acquired during volunteer opportunities.

ARE YOU CURRENTLY EMPLOYED AND/OR ATTENDING SCHOOL?

Where

Schedule

EDUCATIONAL BACKGROUND:

High School: 1 2 3 4 College: 1 2 3 4

Degree: _____

ARE YOU CURRENTLY CERTIFIED IN: (please circle)

First Aid

CPR

Home Health Care

Water Safety

Other: _____

SKILLS:

AREAS OF INTEREST: (please circle)

Group home visits (Dignified Lifestyles) IEPC Advocate Person Centered Planning Advocate

Committee Work Special Events/Fair/Exhibits Answering Phone/General Secretarial Duties

Bulk Mailings

TIMES AVAILABLE: (please check times)

Morning

Afternoon

Evenings

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Your signature below indicates your permission to contact the references provided and do a background check.

Signature: _____ Date: _____