



931 Spa Road
Annapolis, MD 21401
410-269-1883, 410-268-8085
Fax: 410-269-0091
www.thearcCCR.org

Volunteer Application

Name (Last) _____ (First) _____
Address _____ City/State/Zip _____
Telephone _____ Best time to reach you _____
Email address _____ (Cell) _____
Birth date (month) _____ (day) _____ (year, only if applicant is under age 18) _____
Driver's license number _____ Valid driver's license? ___ yes ___ no
Current occupation _____
Employer _____

How did you hear about volunteer opportunities at The Arc Central Chesapeake Region?
___ fliers ___ internet ___ newspaper ___ volunteer center ___ word of mouth ___ other

Briefly explain why you would like to volunteer: _____

Indicate day(s) and time(s) you are available to volunteer:
Weekdays: ___ Mon ___ Tues ___ Wed ___ Thu ___ Fri; ___ morning ___ afternoon ___
Evening Weekends: ___ Sat ___ Sun; ___ morning ___ afternoon ___ evening

Professional/work experience: _____

Volunteer experience: _____

Describe any special skills, training, or professional licensing that you have: _____

Describe any areas of interest that you are hoping to learn more about by volunteering:

In event of emergency notify _____ Relationship _____
Phone (day) _____ evening _____ cell _____

References: *(List a person who is not related to you who have direct knowledge of your work and volunteer experience. Complete contact information is required.)*

Name

Address/City/State/ ZIP

Email Address/Phone

Have you ever been convicted of a felony or misdemeanor? ___ yes ___ no
(A conviction does not automatically mean you will not be accepted as a volunteer. What you were convicted of and how long ago it occurred are important. Give all of the facts so that a decision can be made.) If yes, please give state, nature of offense, and disposition: (use back of page)

I authorize The Arc Central Chesapeake Region to contact the listed references and to verify the information provided on this application. I understand that misrepresentation or omission of facts requested is cause for non-placement as a volunteer. If placed as a volunteer, I agree to abide by the philosophies of The Arc Central Chesapeake Region and to fulfill the volunteer responsibilities to the best of my abilities.

Signature/ Date

Parent/guardian's signature (if applicant is under age 18)

This application is the first step in becoming a volunteer with The Arc Central Chesapeake Region. You may be required to have a criminal background check completed, other tests and other trainings, depending on the volunteer position you are applying for. Please forward this application to the Angie DeMoreland, ademoreland@thearcccr.org when completed. Fax: 410-269-0091.

The Arc Central Chesapeake Region does not discriminate on the basis of race, color, religion, national origin, age, gender, disability, marital or veteran status, political affiliation, sexual orientation, or any other legally protected status.