

The Arc of Rock Island County Volunteer Application

APPLICANT INFORMATION

Date:		Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:			
Current address:			
City:	State:	ZIP code:	
Phone:	Work phone	Cell phone:	
Date of birth:	Age:	Social Security #:	
E-mail:			
Do you have a car, valid driver's license and required insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a current employee of The Arc? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a crime involving the abuse, neglect, or mistreatment of an individual, or any other felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			

AREAS OF INTEREST

What interests, skills and hobbies do you have?

How did you learn of the volunteer opportunity?

Is there a specific Individual you are interested in volunteering with: Yes No
Individual's name:

Is there a specific site you are interested in volunteering at: Yes No
List site(s) interested in:

AVAILABLE HOURS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

VOLUNTEER OPPORTUNITIES

What type volunteer activities are of interest to you? Check all that apply

Be a friend

Games Crafts Movies Reading Cooking Bowling Swimming Mentor Pen Pals Going on Walks
Other list:

Home Related – Outdoor

Cut grass Plant flowers Plant trees Perform other yard work
Other List:

Home Related – Indoor

Preparing meals Painting Washing Windows Cleaning Sewing, mending Laundry
Other List:

Share Your Talent

Manage green house Woodworking Other List:

Office Help

Answer phone Deliver mail File Fill vending Library

Agency Special Events

Decorate Set up Clean up Greeter Serve
Other List:

EDUCATION RECORD

The Arc of Rock Island County Volunteer Application

Indicate years of education completed

High School 1 2 3 4

College or Post High School 1 2 3 4 5 6

List Degrees or Certificates :

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Employment Dates:

City:

State:

ZIP Code:

Phone:

E-mail:

Position:

Supervisor:

Briefly Describe your duties:

VOLUNTEER EXPERIENCE

Organization:

Address:

Dates:

City:

State:

ZIP Code:

Phone:

E-mail:

Contact Person

Describe what you did?

REFERENCES

Name:

Address:

City:

State:

ZIP Code:

Phone:

Cell phone

E-mail

Name:

Address:

City:

State:

ZIP Code:

Phone:

Cell phone

E-mail

EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

I authorize the verification of the information provided on this form.

Signature of applicant:

Date:

Return Application to:
Karen Steen
The ARC of Rock Island County
4016 9th Street
Rock Island IL 61201