The Arc Wichita County Volunteer Application

Name:_____

Age:_____

LAST FIRST MI

Address:_____

STREET CITY STATE ZIP

Home Phone:_____ **Work/Cell:**_____ **E-mail:**_____

Reasons for wanting to volunteer at The Arc, Wichita County:

_____

_____

_____

Previous volunteer experience:

_____

_____

_____

Personal References:

1._____

NAME **PHONE**

2._____

NAME **PHONE**

3._____

NAME **PHONE**

Time of availability: (list times)

Monday	From:_____To:_____	From:_____To:_____
Tuesday	From:_____To:_____	From:_____To:_____
Wednesday	From:_____To:_____	From:_____To:_____
Thursday	From:_____To:_____	From:_____To:_____
Friday	From:_____To:_____	From:_____To:_____
Saturday	From:_____To:_____	From:_____To:_____
Sunday	From:_____To:_____	From:_____To:_____

Special training, skills or interests:

_____

_____

_____

_____

_____

_____

_____

Are you willing to participate in the following volunteer work:

- Recreation and social activities Y___ N___
- Working with young adults Y___ N___
- Working with school aged children Y___ N___
- Assisting others in a cooking class Y___ N___
- Assisting staff on filed trips Y___ N___
- Joining group during Fellowship Time (bowling) Y___ N___
- Thrift Store and/or office help Y___ N___

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In case of emergency please notify:

_____ _____
Name

Address _____

Home phone Cell phone
_____ _____

Physician _____

Phone # _____

***Parent/Guardian information if volunteer is under 18 years of age:**

Name:_____
LAST FIRST MI

Address:_____
STREET CITY STATE ZIP

Home Phone:_____ **Work/Cell:**_____

Any other information that would pertain to your volunteering at The Arc:

_____
_____
_____

Volunteer Duties

I have received a copy of my volunteer duties and agree to comply with the guidelines.
Signature _____

Liability Waiver:

I,_____, do hereby release The Arc, Wichita County, it's Board of Directors, and The Arc employees from any and all liability for injuries incurred while performing volunteer services at or for The Arc of Wichita County and also give permission to call my personal references listed on the previous page.

X_____
Signature of volunteer or parent/guardian is under 18
Parent/Guardian signature required.
Relationship to volunteer _____

VOLUNTEERS ARE OUR GREATEST RESOURCES!

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Wichita Falls, Texas 76308
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Fax: (940) 692-2313 Email: thearc@arcwctx