

Volunteer Application

CONTACT INFORMATION (Please Print)

First Name: _____ Last Name: _____

Address: _____

State: _____ Zip Code: _____

Phone: _____ Email: _____

Are you under 18 years of age? ☐ YES ☐ NO

Emergency Contact (Name and Phone Number): _____

VOLUNTEER INTERESTS

What days and times are you available to volunteer? _____

Check all Volunteer opportunities that interest you:

☐ Special Olympics Green Machine Athletics
☐ Special Events

☐ Incredible Voice Self-Advocacy
☐ Agency Fundraisers

ADDITIONAL INFORMATION

How did you hear about The Arc Allegany-Steuben? _____

Have you ever been convicted of a misdemeanor or felony in any jurisdiction? ☐ YES ☐ NO

Do you have criminal charges pending against you? ☐ YES ☐ NO

List any special skills or qualifications you feel would be beneficial as a Volunteer for our agency:

I grant full permission to The Arc Allegany-Steuben to use my photographs, film, video of you performing volunteer work for any purpose the agency deems appropriate. ☐ YES ☐ NO

Volunteer Signature: _____ Date: _____

(Signature of Parent/Legal Guardian if Volunteer is under 18)