



Volunteer Application

I. General Information

Name _____ Telephone Number _____ Email _____

Address _____

Are you 18 years or older? Yes__ No__ 15 years or older? Yes__ No__ Date of Birth _____

Have you ever been convicted of a crime or felony (for job related purposes)?

Yes _____ Please explain _____ No _____

Do you have a high school diploma? Yes _____ No _____

Do you have a University or College Degree?

No _____ Yes _____ From Where _____ Degree _____

II. Volunteer Interest

In what areas are you interested in working (check all that apply)?

- | | | |
|---|--|--|
| ☐ Independently | ☐ Special Event Committee | ☐ Camp Pennwood |
| ☐ Adult Recreation | ☐ After School | |

Check the work you are interested in doing (check all that apply)?

- | | | |
|--|--|---|
| ☐ Clerical Assistance | ☐ On Community Events | ☐ With the Public |
| ☐ With Adults | ☐ With Children | ☐ Camp Pennwood clean-up/repairs |

How often would you like to volunteer?

- ☐ Regularly How many hours per week? _____
- ☐ Periodicaly How many hours per month? _____
- ☐ One-time or short term project

Availability

- | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| ☐ Mornings | ☐ Afternoons | ☐ Evenings | ☐ Weekends |
|-----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|

Do you have experience working with people who have intellectual disabilities? If so, please describe.

Please list any skills or abilities you consider pertinent to your interest in volunteering with The Arc.

How did you hear about volunteer opportunities with The Arc of York and Adams Counties?

- ☐ Volunteer Center
- ☐ Newspaper
- ☐ School (explain) _____
- ☐ Other (explain) _____

Why have you chosen to volunteer at The Arc of York and Adams Counties?

III. Volunteer History

Organization _____ Supervisor _____

Responsibilities _____

Duration of volunteering ____ / ____ / ____ to ____ / ____ / ____

Organization _____ Supervisor _____

Responsibilities _____

Duration of volunteering ____ / ____ / ____ to ____ / ____ / ____

Organization _____ Supervisor _____

Responsibilities _____

Duration of volunteering ____ / ____ / ____ to ____ / ____ / ____

IV. References

Please list three people as personal references who have known you for at least one year and are not related to you.

Name	Address	Phone #

Signature

Date

**Return to
The Arc of York and
Adams Counties**

**497 Hill Street
York, PA 17403**

Visit us online at <https://thearcyorkadams.org/>

For Internal Use Only

Received _____

Interviewed _____

Applicant _____ Accepted _____

Denied _____

Reason for denial _____

On file in department _____