



The Arc of Clark County
Helping people achieve a lifetime of success

VOLUNTEER APPLICATION

Name: _____ Date: _____

EXPERIENCE:

Why are you interested in becoming a volunteer? _____
Please comment on experience you have had with individuals with developmental disabilities: _____
Organizations or groups in which you are involved: _____
In the past, what were your favorite work experiences? _____
Please list your special talents, hobbies or interests: _____
Volunteer Experience: _____
Current relevant school curriculum or work experience (i.e. social services) _____

AVAILABILITY:

What days and hours are you available?							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
How many hours per week or month are you willing to contribute? _____							
Do you have a car or available transportation? _____							
Do you have health problems that might affect your activities? _____							
If yes, describe: _____							

REFERNCES:

Names three references (not related) who have known you at least one year.		
_____	_____	_____
Name	Phone	Relationship to you
_____	_____	_____
Name	Phone	Relationship to you
_____	_____	_____
Name	Phone	Relationship to you

PERSONAL INFORMATION:

_____			Phone: _____
Last Name	First Name	Middle	
Address _____			
City	State	Zip	
Social Security Number: _____			
Date of Birth _____			
Emergency Contact Person	Relationship	Phone number	

Signature: _____ Signature Date: _____