



The Arc of Alachua County Volunteer Application

Name: _____ Date: _____

Address: _____

City, State, Zip _____

Email: _____

Home Phone: _____ Mobile Phone: _____

Name of person to contact in case of emergency: _____

Phone: _____

Are you a student? Yes No

What school do you attend? _____

Do you have your own transportation? Yes No

Have you done volunteer work at another agency similar to The Arc? If so, where?

Which volunteer position are you interested in? (Select all that apply):

- | | |
|---------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Client Support Volunteer (Long Term) | <input type="checkbox"/> Special Events Assistant |
| <input type="checkbox"/> Day Program Volunteer | <input type="checkbox"/> Special Olympics Volunteer |
| <input type="checkbox"/> Bingo Assistant | <input type="checkbox"/> Administration Volunteer |

Please indicate the days and times you can volunteer:

Day	Time
<input type="checkbox"/> Monday:	_____
<input type="checkbox"/> Tuesday:	_____
<input type="checkbox"/> Wednesday:	_____
<input type="checkbox"/> Thursday:	_____
<input type="checkbox"/> Friday:	_____
<input type="checkbox"/> Saturday:	_____

Number of hours per week you can commit to working: _____

Please list three (3) personal references, including phone numbers where they can be reached:

Name

Phone

Have you ever been convicted of or had adjudication withheld for a criminal offense other than a minor traffic violation? Yes No If yes, please explain (this will not necessarily bar you from volunteering):

Signature

Date

The employee listed below has applied for a position which is covered under Chapter 85-54 of the Florida Statutes and is required to have a local law enforcement check. We also are required to ensure that any employee operating agency vehicles and/or transporting our consumers has an acceptable driving record. Please give information you have in your records for this individual. Your cooperation and assistance in this matter is greatly appreciated.

The Arc of Alachua County, Inc.
3303 NW 83rd Street
Gainesville, FL 32606
Phone: (352) 334-4060 Fax: (352) 334-4080

I hereby authorize this facility to check any and all records pertaining to criminal convictions and any law enforcement agency to release information regarding arrests in this jurisdiction. In addition, I authorize this facility to check Department of Motor Vehicles records to ensure an acceptable driving record.

Applicant Name	
Maiden Name	
Address	
City, State, Zip Code	
Date of Birth	
Race	
Sex (Gender)	
Social Security #	
Driver's License #	

_____ Date

_____ Applicant's Signature

Sheriff's Office Results