

THE ARC GATEWAY

An affiliated
chapter of  **The Arc**[™]

The Arc Gateway Volunteer Application



A volunteer is any person who, of their own free will, provides goods or services with no monetary or material compensation.

Name _____ Date _____

Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Business Phone _____

Age (only if under 18) _____ Social Security Number _____

How did you hear about our volunteer program? _____

Reason(s) for volunteer interest: _____

Are you currently enrolled in school? Yes _____ No _____

If yes, where? _____

Name of employer (if working) _____

Position _____

References	Name	Address	Phone	Email
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

In case of EMERGENCY call _____
(Name) (Phone)

Have you done volunteer work before? Yes _____ No _____

Days of week you are available _____

Time of day you are available _____

The Arc Gateway Volunteer Application

Check the type of volunteering in which you are interested:

- Office Duties Mentoring Training Gardening Exercising
- Music/Dance Art/Crafts Maintenance Recreation Sales Clerk
- Events Reception Other _____

After reading the program descriptions, check the programs in which you might be interested.

- Pearl Nelson Child Development Center (children birth to age 3)
- Pollak Industries (adults 18+)
- Pollak Training Center (adults 18+)
- Program for Adult Learning and Support (adults 18+)
- Horticulture / Plant Nursery (adults 18+)
- Senior Adult Program (adults 55+)
- Residential - Group Homes
- Recreation activities (all ages)
- Dove Gift Shop – West Florida Hospital
- Public Relations/Marketing
- Administration
- Maintenance
- Other _____

I acknowledge that as a volunteer for The Arc Gateway, I do not have coverage under Worker’s Compensation Insurance or coverage under The Arc’s automobile insurance. I also acknowledge that if I transport The Arc Gateway program participants while volunteering, I have current vehicle insurance and liability coverage and understand that proper vehicle insurance is my responsibility.

I release The Arc Gateway from all liability while serving as an agency volunteer.

I also understand that **if I volunteer more than ten (10) hours per month and work directly with persons served**, I must pass an FDLE and local law enforcement screen, TB screen (cost \$68), and sign an Affidavit of Good Moral Character.

Volunteer signature

Date

For Office Use Only

Interviewed by: _____

Date: _____

Program referred: _____

Days/Hours assigned _____

Supervisor _____

Appropriate Paperwork Completed:

___ Volunteer application

___ Affidavit of Good Moral Character

___ Volunteer position description

___ Read, review, sign off on Emergency Procedures

___ Read, review, sign off on Abuse Policy

___ Read, review, sign off on Volunteer Liability Release form

