



235 NORTH AVENUE • PENN YAN, NEW YORK 14527 • VOICE: (315) 536-7447 • FAX: (315) 536-3281

[www.arcofyates.org](http://www.arcofyates.org)

## VOLUNTEER SERVICE APPLICATION

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Maiden Name or Alias \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

I consent to correspondence for purposes other than volunteer activities  Y  N

Preferred Method of Contact \_\_\_\_\_

Emergency Contact(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Present Employer/Retired From \_\_\_\_\_

Length of Employment \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Other Relevant Experience/Skills/Hobbies \_\_\_\_\_

Is there anything that would restrict you from performing any volunteer activities?  Y  N

Do you possess a driver's license?  Y  N License Number \_\_\_\_\_

Have you ever been convicted of a crime?  Y  N

If yes, please list date of conviction and nature of offense. Note that a conviction is not an automatic bar to serving, each case is considered individually.

How did you hear about the Arc of Yates? \_\_\_\_\_

References (non-relatives)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

What areas are you most interested in?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Advocacy/Self Advocacy Group | <input type="checkbox"/> Gardening                      | <input type="checkbox"/> Reading                        |
| <input type="checkbox"/> Arts/Crafts                  | <input type="checkbox"/> Graphic Arts                   | <input type="checkbox"/> Recreation                     |
| <input type="checkbox"/> Computer                     | <input type="checkbox"/> Instructional Aide (classroom) | <input type="checkbox"/> Role Modeling                  |
| <input type="checkbox"/> Cooking/Baking               | <input type="checkbox"/> Music                          | <input type="checkbox"/> Sewing                         |
| <input type="checkbox"/> Community Outings            | <input type="checkbox"/> Office                         | <input type="checkbox"/> Socialization (games, reading) |
| <input type="checkbox"/> Dance                        | <input type="checkbox"/> Pet Therapy                    | <input type="checkbox"/> Sports                         |
| <input type="checkbox"/> Fundraising Events           | <input type="checkbox"/> Photography                    | <input type="checkbox"/> Other                          |

What age group are you interested in working with? (check all that apply)

- Children     Teens     Adults

Days/Hours preferred \_\_\_\_\_  AM  PM

Approximate number of hours per week \_\_\_\_\_ per month \_\_\_\_\_

I certify that all statements made on this application are true. I understand that any untrue statement may be grounds for termination of volunteer service. I understand that I will not receive any pay for my services as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I give Arc of Yates permission to use my photo for volunteer recruitment or other promotional usage.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your interest in volunteering! Return completed applications to:*

**Arc of Yates  
235 North Avenue  
Penn Yan, New York 14527  
Attn: Terry Freeman  
Executive Assistance**

Office Use Only
Received by _____ Date _____