

The Arc of Frederick County
VOLUNTEER APPLICATION

Print and Return to
The Arc of Frederick County
Volunteer Coordinator
620A Research Court
Frederick, MD 21703

Date _____	
Contact Information	Name: _____ Address: _____ Home Phone: _____ Work Phone: _____ Email Address: _____
Emergency Contact information for yourself	Name: _____ Phone/s: _____
References: PLEASE LIST TWO	Name/Phone: _____ Name/Phone: _____
Experience	Have you had previous trainings/experiences in caring for a person who has a developmental disability? (Behavior management, seizure disorder, G-tube, etc.) YES ____ NO ____ If yes, please specify: _____ _____ _____ _____ _____

Availability	Please specify time and days of the week you are available to volunteer. <hr/> <hr/> <hr/> <hr/>
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Please be advised that the information you provide on this questionnaire will be shared with families who request information about volunteers in Frederick County. Information from reference and police background checks will also be shared with families and individuals. In addition, The Arc waives all responsibility in the event of an accident or injury to any child or adult receiving volunteer care provided by someone who has completed this form.

By submitting the application, I fully understand that information that I provide is intended to be shared with families who request information about volunteers in Frederick County. I also understand that The Arc of Frederick County may receive information about me through my references and through police background inquiries. As a part of submitting this application, I hereby authorize The Arc to release any and all information about me to families who request information about volunteers.

In the event that I provide volunteer services, I fully understand and acknowledge that The Arc is not responsible for any injury or property damage that arises out of the provision of such services.

Signature

Date

The Arc of Frederick County
620A Research Court
Frederick, MD 21703
www.arcfc.org
301-663-0909