



Volunteer Interest Form

Please complete the following information.
 Arc Volunteer Managers will contact you regarding opportunities.
 Arc Greater Twin Cities welcomes all qualified applicants,
 regardless of age, race, creed, or disabilities.

Name _____ Date of Birth ____ / ____ / ____ Male Female

Company Name or N/A _____

Company Title/Department _____

Home Address _____

Street Number City State Zip

Day phone (_____) _____ Evening phone (_____) _____

Home E-mail Address _____

Ethnicity: African African American American Indian Caucasian/White
 Hispanic/Chicano/Latino Asian/Southeast Asian/Pacific Islander Multi-racial Other

AREAS OF INTEREST

- Special events (Gala/Golf, etc.)
- Chaperoning of field trips (Sibshops)
- Marketing/communications
- Board/committee involvement
- Phone work (thank you's/reminders)
- Public speaking/booth displays
- Civic Engagement/Governmental Affairs
- Parent peer support -list disability and/or age of child _____
- Group facilitator/trainer - area of expertise: _____
- Inclusion/Self-Determination/Self advocacy
- Mailing/clerical/data entry projects
- Resource Center Organization
- Photography/Video/Graphic Design
- Fund-raising/capital campaigns/finance work
- Value Village retail thrift store
- Other _____

When are you able to volunteer?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

How did you learn about Arc and our volunteer opportunities? _____

Why do you want to volunteer with Arc? _____

Have you worked with people with intellectual and developmental disabilities? yes no

If yes, how? _____

Do you require any special accommodations in order to perform a volunteer job? Please list.

Please list any languages, other than English, you know (including sign language)_____

QUALIFICATIONS: Please list education/experiences (paid and non-paid) that will benefit your volunteering abilities at Arc. Please include past experience working with individuals with intellectual and developmental disabilities, past employment that may be of benefit, etc. _____

Are you able to provide your own transportation to your volunteer experiences? yes no

Has your driver's license ever been suspended or revoked in the past 5 years? yes no

Describe: _____

Have you ever been convicted of a crime? yes no Describe: _____

Have you ever been charged with neglect, abuse, or assault? yes no When: _____

Will you be receiving academic credit/community service hours for your volunteer work? yes no

Please describe: _____

Can you coordinate volunteers for your company? yes no Dept. _____

Would you like to be added to Arc's mailing list? yes no (Arc does not sell or share its mailing lists)

Would you like to become an Arc member?

yes no already an Arc member unsure, please send me information

Would you like to make a donation to Arc? yes no unsure, please send me information

Does your company have a volunteer/funding match program? yes no

In case of emergency, please contact:

Name _____ Phone _____ Relationship _____

Arc Greater Twin Cities has permission to use photographs, videotapes, and testimony from me, my children, or my dependents during program activities for use in any agency publications and presentations.

Signed _____ Date _____

Parent/Guardian Signature if applicant under age 18 _____

Please list any and all activities you do NOT grant permission for your child to participate in: _____

Attention: Michelle Theisen

Arc Greater Twin Cities ♦ 2446 University Ave W, Suite 110 ♦ St. Paul, MN ♦ 55114

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