



Application for Volunteer Services

“Enhance the quality of life for people with developmental disabilities.”

First Name Last Name

Street Address City/State/Zip (Area Code) Phone Number

Summer Address/Phone Number (if different):

Cell Phone Number Email Fax Number

Are you less than 18 years of age? Yes No
Have you ever been convicted of a crime other minor traffic violation? Yes No
If yes, please explain: _____

I am available:
Anytime of year _____ Only certain months _____ to _____ Only Special Events _____

WHAT DAYS WILL YOU MOST LIKELY BE AVAILABLE TO VOLUNTEER?
Please indicate morning (AM), afternoon (PM), or evening (EVE).

MON _____ TUE _____ WED _____ THUR _____ FRI _____ SAT _____ SUN _____ VARIES _____

Interest

- ___ Administrative - Indicate area of specialty _____
Any special services such as assistance in grant writing, fundraising, legal assistance, or any highly specialized area.
- ___ Community Support
Events in the community such as job fairs, expos, etc
- ___ Special Events
Fundraising/Special Events golf tournaments, carnivals, parties, etc
- ___ Daytime Workshop
Working in our workshop areas at Desert Arc
- ___ Office
including filing, copying, faxing, envelope stuffing, etc

Skills, Certifications, and Interests

Current/Previous Work Experience Volunteer Experience

Education/Special Training Licenses/Certifications held

Accomplishments/Hobbies Community Affiliations

Skills/Talents

___ Accounting ___ Advertising ___ Computer skills ___ Copywriting ___ CPR ___ CPR Instructor ___ Driving ___ Public Relations
___ Foreign Language (_____) ___ Fundraising ___ Hospitality ___ Marketing ___ Secretarial skills ___ Sign Language

Would you be interested in a leadership role? ___ Yes ___ No

Are there any concerns that may make it difficult to work in certain areas or on certain projects?
(i.e. standing for long periods of time, extended heat or sun exposure, etc) _____



Volunteer Processing Record

Application received on _____ Initial Desert Arc contact by ___ Phone ___ E-mail ___ Mail ___ In Person

Initial contact made on _____

Date Completed _____ Reviewed By _____

- Interview _____
- Criminal Background Clearance _____
- Drug Screen _____
- TB Test _____
- Fees Paid _____
- Orientation _____
- Volunteer T-Shirt _____

Assigned Area (s):

- ___ Administrative
- ___ Adult Day Center
- ___ Behavior Management
- ___ Office
- ___ Respite
- ___ Residential
- ___ Social Recreation
- ___ Special Events
- ___ Supported Employment
- ___ Supported Living
- ___ Workshop

Interviewer's comments: _____

Referred to: _____

Date: _____