

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Parent/Guardian Name(s): If under 18: \_\_\_\_\_

Parent/Guardian(s) Address: \_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Allergies we should be aware of: (example: Bee stings, food): \_\_\_\_\_

If applicable, name of the organization you are affiliated with? \_\_\_\_\_

Please **circle all** areas of the Arc that you would like to volunteer for:

Community Inclusion/Recreation, Camps, Children's Programs, Advocacy, Special Events, Day of Caring, Office/Administration, Marketing, Fundraising, Training, Committee, or Board

When are you able to volunteer? \_\_\_\_\_

Agency Designee will note the records required to volunteer by marking "X" next to required clearances, or information. Mark "N/A" if non-applicable.

PA Child Abuse: \_\_\_\_\_ PA State Police: \_\_\_\_\_ FBI Fingerprint: \_\_\_\_\_ PA Resident Disclosure Form: \_\_\_\_\_

Health Record: \_\_\_\_\_ Valid driver's license: \_\_\_\_\_

With the submission of this form, I certify that all information is true, and a complete statement of the facts and answers required herein, without omission. I have read and agree with The Arc's volunteer Policy and understand my volunteer service tasks. I understand that some volunteer activities require that I provide copies of background checks, clearances, FBI Finger printing record, disclosure form, a valid driver's license and/or health information that is required by law, regulations, and the agency volunteer policy. I understand that the results of these records may impact my ability to volunteer for The Arc of Chester County.

You will be entered into our database for future opportunities and information, circle "NO" to opt out.

Volunteer/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Designee Printed Name: \_\_\_\_\_

Agency Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_