

Volunteer Application



Advocacy and Services for People with Disabilities
Oneida-Lewis Chapter NYSARC

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

245 Genesee Street, Utica, NY 13501
www.thearc.org

Eddie Pugh, Volunteer Coordinator
Phone: 315.272.1521
email: epugh@thearc.org

I am a (check all that apply):

- Adult
- Arc Employee
- Arc Individual
- Family Member of an Arc Individual
- Student
- Volunteer Representing a local organization or business:

Name of Organization/Business: _____

Special Areas of Interest:

I will consider volunteering for:

Special areas of interest:

- Arts and Crafts Instruction
- Companionship for individuals and families
- Day Camp (Summers)
- Gardening
- Leisure Center
- Providing Entertainment
- Recreational/Social events
- Saturday Friends
- StageWorks

Administrative:

- Mailings
- Office/Clerical Assistance
- Participation on an Agency Committee
- Special Events or Fund Raising

Interests, Skills and Hobbies:

Do you have any special interests, skills or hobbies? Please List: _____

Volunteer Experience:

Name of Organization: _____
Name of Supervisor: _____ Phone: _____
Kind of work performed: _____
Length of time at Organization: _____

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Name of Supervisor: _____ Phone: _____
Kind of work performed: _____
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Please provide 3 references other than family members:

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Background and Personal Information:

Education: () Elementary () High School () College - Major: _____
() Vocational or Special Training: _____

Employment History:

Employer: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Position: _____ Supervisor: _____
 Length of Employment: _____ May we contact? () Yes () No

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 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Position: _____ Supervisor: _____
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Have you ever been convicted of a criminal offense? () Yes () No
 If Yes, please explain: _____

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Locations I am willing to travel to:

- () Utica () Lowville
- () Rome () Turin

Emergency Medical Contact: Please provide two contacts.

Name: _____ Phone: _____
 Name: _____ Phone: _____

Do you have any physical limitations, medical condition or allergies we should be aware of?
 () Yes () No
 If yes, please explain: _____

Medical Information Continued:

Have you received a Two Step Mantoux test for Tuberculosis (TB) within the last year?
() Yes () No If yes, please provide documentation.

Transportation:

Do you have your own transportation? () Yes () No

How did you hear of The Arc's Volunteer Opportunities?

() Radio () Television () Newspaper () Web Site
() Other (please explain): _____

Please sign and return your completed application to:

Edie Pugh, Volunteer Coordinator
The Arc, Oneida-Lewis Chapter, NYSARC
245 Genesee Street
Utica, NY 13501

Signature: _____ **Date:** _____

Parents Signature: _____ **Date:** _____
(If under 18 years of age)

*Thank you for your interest in
volunteering at The Arc!*

