



VOLUNTEERS MAKE A DIFFERENCE!

Many opportunities exist to share your talents, skills, and knowledge. Volunteers make a critical difference for our agency in the office and in the community. Many opportunities exist to assist with special activities for people with developmental disabilities in the community and in their homes or help with special events, preparing mailers, data entry and other projects at the various office locations. A variety of daytime, evening and weekend hours are available. Help empower people with developmental disabilities to achieve more! **In order to ensure the protection of the children and adults we serve, you may be asked to comply with being fingerprinted.**

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Email address _____

County(ies) in which you are interesting in volunteering: _____ Calvert _____ Charles _____ St. Mary's

What types of volunteer work are you interested in sharing with our agency? (Check one or more)

Direct work with the people with developmental disabilities (must be 21 years or older)
 Direct work with children with developmental disabilities (must be 21 years or older)
 Office assistance (mostly clerical) Providing transportation
 Fund raising and special events Grounds maintenance at residential sites
 Other _____

Do you have a car? Yes No Driver's license number and state _____

Do you prefer volunteering your services with a man, a woman, or either?

How many hours are you interested in volunteering per week and what hours would you be available to work?
 _____.

What are your hobbies? _____

What recreational activities do you enjoy? _____

Do you have any special skills or talents, which may be beneficial to The Arc? _____

Computer skills MS Word Publisher other _____

What kind of experience do you hope to gain by volunteering for The Arc? _____

_____.

PERSONAL
 Please list two references below (name, address, phone number, and how long you have known the individual)

Please fill out the information above and return to:
The Arc of Southern Maryland
P. O. Box 1860
Prince Frederick, MD 20678

NATIONAL BACKGROUND INVESTIGATIONS, INC.

APPLICANT RELEASE AND AUTHORIZATION FORM – GW

I hereby authorize ARC OF SOUTHERN MARYLAND or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

PLEASE PROVIDE MINIMUM 7 YEARS RESIDENTIAL HISTORY

Name: _____ Alias/Maiden/Other: _____
(First, Middle, Last - Print Clearly)

Signature: _____

Date of Birth: _____ Social Sec. No.: _____

Driver's Lic. No.: _____ State _____

(1) Current Addr: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

(2) Previous Addr: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

(3) Previous Addr: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

Witnessed by: _____ Date: _____