



Arm & Arm Inc.
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VOLUNTEER APPLICATION

All information in this document is confidential.

Please print.

Name/Last _____ First _____ Middle _____
(Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Male / Female _____ Date of Birth _____ Physical Limitations _____
(Circle One) (Month/Day) (Be specific; if none, write none)

VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies _____

Clubs, Organizations you belong to _____

Education (highest level) _____ Name of School _____

Have you volunteered before? Yes ☐ No ☐ Position _____

Describe the work _____

Agency _____ Address _____

Phone (____) _____ May we contact the Agency? Yes ☐ No ☐

Your availability:

Hours per week/month _____ Preferred Days _____ Geographic Preference _____
(specify)

EMPLOYMENT HISTORY

Name of current employer _____ Phone (____) _____

Address _____ Date Employment Began _____

Name of Supervisor _____ Job Title _____

May we contact employer? Yes ☐ No ☐ Description of duties _____

Does your employer have a community partnership? Yes ☐ No ☐

REFERENCES (Personal or professional; not a relative)

Name _____ Relationship _____ Phone () _____

Address _____

Name _____ Relationship _____ Phone () _____

Address _____

Name _____ Relationship _____ Phone () _____

Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone () _____

1) Name _____ Relationship _____ Day Phone () _____

DRIVING INFORMATION

If you are volunteering for a position that requires driving, [nonprofit] requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes _____ No _____

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to [nonprofit], so that they can be filed with this application.

I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

Signature of Applicant _____ Date _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes, _____ No _____ If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to [nonprofit] to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

Arm & Arm Inc acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered based on individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to [nonprofit] I also give [nonprofit] my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of _____ Date _____
Parent/Guardian

Printed name of Parent/Guardian _____