# The Arc of Franklin & Fulton Counties

2314 Philadelphia Avenue

Chambersburg, PA 17202

Phone: 717-264-4390

# Volunteer Application

|  |  |
| --- | --- |
| Contact Information | |
|  | |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

|  |  |
| --- | --- |
| Availability | |
| During which hours are you available for volunteer assignments? | |
|  | | |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

|  |  |
| --- | --- |
| Interests | |
| Tell us in which areas you are interested in volunteering | |
|  |
| Administration |
| Events |
| Field work |
| Fundraising |
| Deliveries |
| Phone bank |
| Newsletter production |
| Volunteer coordination |

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| Special Skills or Qualifications |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
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|  |
| Previous Volunteer Experience |
| Summarize your previous volunteer experience. |
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|  |

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| --- | --- |
| Person to Notify in Case of Emergency | |
|  | |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

|  |  |
| --- | --- |
| Agreement and Signature | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. | |
|  | |
| Name (printed) |  |
| Signature |  |
| Date |  |

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| --- |
| Our Policy |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.  Thank you for completing this application form and for your interest in volunteering with us. |