



Bridging the gap for people
with developmental disabilities.

Volunteer Application

Equal Opportunity Employer

This Association does not discriminate in securing volunteers on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your application will be reviewed carefully; however, its receipt does not imply that you will be accepted as a volunteer.

PERSONAL DATA

Print clearly in Blue or Black Ink

Full Legal Name Last _____ First _____ Middle _____

Other/Maiden Name(s) Used _____ Nick Names _____

Date of Birth _____ Social Security Number _____

Driver's License or ID# _____ State Issued _____ Expiration Date _____

Phone Numbers Home _____ Work _____ Cell _____

Email Address _____

RESIDENCES

List all residences for the past 7 years beginning with your current residence. Include college dorms, apartments, etc. Do not list P.O. Boxes. Attach another sheet if necessary.

Current Street Address	City	State	County/Parish	Zip	Years/Months

Street Address	City	State	County/Parish	Zip	Years/Months

Street Address	City	State	County/Parish	Zip	Years/Months

Street Address	City	State	County/Parish	Zip	Years/Months

EMPLOYMENT HISTORY

List all current and previous employers for the past 7 years. Do not list P.O. Boxes. Attach another sheet if necessary.

	Street Address, City, State, Zip	Dates Employed	Position
Name of Current Employer		From	

		To	
		From	
Name of Previous Employer		_____	
		To	
		From	
Name of Previous Employer		_____	
		To	
		From	

		To	

EDUCATION

	Street Address, City, State, Zip	Dates	Graduated Y/N	Degree Received
High School		From		

		To		

College		From		

		To		

	From	
	To	
Trade School		

DECLARATION

Have you ever been convicted of a misdemeanor or felony, received deferred adjudication, or probation, pleaded guilty or no contest to any criminal offense, or been convicted in a military court martial*?

Yes

No

Initial

If "YES", please explain nature, date(s), location(s), and disposition of all offenses:

** Note: A conviction record will not necessarily be a bar to volunteer. Factors such as age, time of offense, seriousness, nature of the violation(s), and rehabilitation will be taken into consideration.*

GENERAL INFORMATION

What do you hope to gain from volunteering?

What other organizations have you volunteered for?

REFERENCES

Please list the names of 3 people (other than relatives) who have known you for at least 3 years.

Name	Occupation	Work Phone	Home Phone	Years/Months

STATEMENT OF AFFIRMATION

I hereby certify that all the foregoing information is complete, true, and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information or omission in this application may result in my discharge as a volunteer.

I hereby authorize the release of any information in regard to checking and verifying employment, educational, and criminal history. I understand that this information may be used to determine my eligibility for a volunteer position with this organization. I hereby release The Arc of Katy and its agents from any and all liability arising there from.

Signature

Date

THE ARC OF KATY

PERSONAL REFERENCE CHECK DOCUMENTATION FORM

Your Name: _____ **Home Phone #:** _____ **Position Applying For:** _____

Please list the names, phone numbers, and relationship to you of **THREE (3) personal references**. These individuals must be at least 18 years of age, and must not be related to you.

Information Required	Personal Reference #1	Personal Reference #2	Personal Reference #3
Name of Reference:			
How do they know you?			
Their Phone Number:			
Additional Phone Number:			
APPLICANT – PLEASE DO NOT WRITE BELOW THIS LINE			
Date of Call:			
How long have you known _____?			
In what capacity?			
Have you ever observed him/her working with people with disabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Additional comments:			

Name of Staff/Board member completing reference checks: _____ Date: _____

Start Date: _____

Date Background Check Done: _____

Name of Staff/Board Member Completing Background Check: _____

Resignation Date: _____

Reason for Leaving:



Volunteer Agreement

Please fill in **all** spaces below.

This Volunteer Agreement is between The Arc of Katy and _____
_____, (*fill in name of volunteer*) wishing to volunteer time
and skills to one or more Arc of Katy projects in a variety of capacities as mutually agreed.

My first assignment is as _____
(*fill in description of volunteer assignment*) for the
_____ (*fill in name of Arc of Katy Program*),
being coordinated by _____ (*fill in name of supervising person or
group*). Additional assignments are governed under the same provisions.

1. Statement of Volunteer:

I acknowledge that this agreement pertains **only** to The Arc of Katy projects to which I accept assignment and does not pertain to any project I may wish to perform independently with material I have acquired through personal resources.

I acknowledge that I have no rights to the WORK PRODUCT of the material provided to me, used or created by me in conjunction with any Arc of Katy project. The Arc of Katy, its successors and assigns, retains sole ownership of the work product and may use the results of my efforts in any manner appropriate to its public service mission.

I acknowledge that I will return all materials provided to me by The Arc of Katy for any project in which I serve as a volunteer. Further, I will not disclose or share any of the information provided to or processed by me with any individual or agency other than The Arc of Katy and/or their supervisory staff for any project to which I am assigned. I also acknowledge that I may not engage in any research arrangements, whether for remuneration or for any other purposes, for any person, agency or entity contacting me via the project in which I serve as a volunteer.

I acknowledge that if serving as the coordinator of a project initiated by me and requiring no Arc of Katy funding, I am devoting my time and skills as a volunteer to a project whose work product is being

donated to The Arc of Katy and which results of such is the sole property of The Arc of Katy. I acknowledge that only those who create original material own the rights to their work and if such work is donated to The Arc of Katy, only a Donor Agreement between The Arc of Katy and that donor will govern that donation. As a coordinator, I do not have any rights to the work product of others, but do have the rights to my own original material which I contribute as a donor.

I acknowledge that I am not permitted to photograph any of The Arc of Katy members, projects or participants for any purpose without the express written permission of The Arc of Katy Programs Committee. I acknowledge that, after being given permission to take photographs in my capacity as volunteer, any and all photographs taken of any The Arc of Katy members, projects or participants by me are the property of The Arc of Katy.

I acknowledge that I do not have permission to use any photographs of Arc of Katy members, projects or participants for any reason without the written permission of The Arc of Katy Programs Committee.

I understand and acknowledge that my request to volunteer in any program of The Arc of Katy will be accepted only after a background check of my personal history has been made by The Arc of Katy. I hereby give permission to The Arc of Katy to proceed with a background check of my personal history.

I acknowledge that the this agreement may be terminated by The Arc of Katy for any reason at any time and upon such termination, my volunteer services under this agreement will no longer be accepted by The Arc of Katy.

These acknowledgments may not be withdrawn after the date of this agreement.

Name: _____

(type or print: First, Middle, Last Name)

Donor Signature: _____ **Date:** _____

Mailing Address:

E-Mail: _____ **Phone:** _____

2. Submission:

Please mail a fully executed copy to The ARC of Katy:

The ARC of Katy

P.O. Box 6133

Katy, Texas 77491

3. Acceptance by The Arc of Katy

The Arc of Katy wishes to thank you for your cooperation and volunteerism in helping to make valuable material available to the programs and projects we provide. Your efforts have enabled us to take one more step forward towards our mission of

"creating opportunities for all children and adults with intellectual and developmental disabilities that enable each person to be a participating and respected member of our community and to grow in mind, body and spirit. "

THE ARC OF KATY

By: _____

Date: _____

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The Arc of Katy
REQUEST FOR PERMISSION TO TAKE
PHOTOGRAPH(S)/MOVIES OF PARTICIPANTS

_____ has permission from The Arc of Katy Programs Committee to take photograph(s)/movies (provide full description of photographs/movies, who will be in them, when they will be taken, etc.)

for _____ (reasons photographs/movies are being taken) _____

Requestor

Date

Permission is granted and specifically limited to the taking of photographs/movies defined and described above and for the purpose(s) above listed and shall not be used for any other purposes. The photographs/movies defined and described above may only be viewed and/or used by the person requesting permission to take the defined photographs/movies. The use of any photograph or movie taken for any reason requires written permission from the Arc of Katy Programs Committee via the REQUEST FOR PERMISSION TO USE PHOTOGRAPH(S) OF PARTICIPANTS.

THE ARC OF KATY
PROGRAMS COMMITTEE

Chairman

Date

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