



The Arc
414 NW Fourth Street
Corvallis, OR 97330

T 541 753 1711
F 541 758 1354

Achieve with us.

Application for Volunteer

Today's Date _____

Name _____ Date of Birth _____

Address _____

Phone _____

ID Card or Driver License #: _____ State of Issue _____

Have you ever been convicted of a felony? Yes No. If yes, explain on the back of this form.

Employer _____ Occupation _____

Work Phone _____ Work Days & Hours _____

Can we contact you at work? Yes No

Previous work/volunteer experience _____

Organizations and groups with which you are involved _____

Have you had any experience with disabilities? Nature of disability? _____

Special interests/hobbies _____

Do you have health problems which might affect your activities? _____

Which program would you like to volunteer for?

List Three References

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

