

The Arc of Monmouth  
1158 Wayside Road  
Tinton Falls, NJ 07712

**VOLUNTEER REGISTRATION FORM**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

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Phone: \_\_\_\_\_ Type: Home Cell Work

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E-mail Address: \_\_\_\_\_

Are you currently in school? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, What grade \_\_\_\_\_

Name of school \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, hours per week \_\_\_\_\_

Employer's name: \_\_\_\_\_

Work experience: \_\_\_\_\_

Special skills, training, interests, or hobbies (crafts, athletics, first aid, fine arts, etc.):

\_\_\_\_\_

\_\_\_\_\_

Previous or present volunteer jobs: \_\_\_\_\_

\_\_\_\_\_

Time available to volunteer: \_\_\_\_\_

Please describe any previous experience you may have with people with

Developmental Disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to drive an Arc van? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

**OVER**

What type of volunteer position are you interested in?

- Office work
- Direct care with participants
- One-on-one companion
- Committee work
- Thrift Shop
- Recreation Activities

Is there any particular health history information you would like us to know? \_\_\_\_\_

Is there any further information you might wish us to know? \_\_\_\_\_

References: *Please do not include family members*

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby give permission to contact the above listed references.

\_\_\_\_\_  
Signature Date

Date of interview \_\_\_\_\_ Interviewer's Initials \_\_\_\_\_

Comments: \_\_\_\_\_

Volunteer's preferences: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Source of referral to Arc: \_\_\_\_\_

Assignments: \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

Background check completed and approved \_\_\_\_\_ Date \_\_\_\_\_