



# VOLUNTEER / INTERN APPLICATION

2500 DeMers Avenue, Grand Forks ND 58201  
Phone: (701) 772-6191 Fax: (701) 772-2195  
Equal Opportunity Employer  
Smoke Free Environment

Print clearly: incomplete or illegible applications will not be processed.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Volunteer position applying for: \_\_\_\_\_

Availability:  Weekdays  Weekends  Evenings

Please indicate hours you are available to volunteer.

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							

Are you 16 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Summarize any special skills, qualifications or personal experience related to the volunteer position for which you are applying:

## EDUCATION

School/College	Location	Did you graduate?	Degree or Major

## REFERENCES

List three professional or personal non-family references that you have known for at least 1 year.

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## BACKGROUND CHECK

Have you ever been convicted a felony crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, give dates, offenses and disposition:

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*NOTE: A conviction does not necessarily disqualify you from volunteering.*

List any prior names used, other than those already listed on this application:

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List all states and counties of residence for the past 7 years:

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## MOTOR VEHICLE INFORMATION

Have you have a current, valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name on license: \_\_\_\_\_ License Type/Class: \_\_\_\_\_

DL#: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Any violation on your driving record over the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe:

\_\_\_\_\_

Do you have automobile insurance on your vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EMERGENCY INSTRUCTIONS

In case of an emergency, contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Consent

I certify that the statements made in this application are true and correct. I understand my signature on this application indicates approval to check references. I also agree to all policies and procedures of The Arc, Upper Valley ("The Arc"). My completion of this application does not obligate The Arc to provide a volunteer placement, nor am I obligated to accept a position, if offered.

### Release and Waiver of Liability for Volunteers

This Release and Waiver of Liability ("Release") executed by myself as a volunteer releases The Arc, a nonprofit corporation organized and existing under laws in the state of North Dakota and each of its directors, officers, employees, and agents. I desire to provide volunteer services for The Arc and engage in activities related to serving as a volunteer.

I understand that the scope of my relationship with The Arc is limited to a volunteer position and that no compensation is expected in return for services provided by myself; that The Arc will not provide any benefits traditionally associated with employment to myself; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to The Arc.

