



Thank you for choosing to volunteer with Evansville ARC! Volunteers are a valuable component of our organization as all volunteer tasks support our mission of advancing the value of and respect for all individuals with disabilities by providing opportunities for development, employment and independence in the community.

Volunteer: A person who assists the agency by performing tasks as needed. Volunteers always serve in the presence of an ARC employee. A volunteer does not provide hands-on personal care for clients. A volunteer does not receive wages, benefits, or compensation of any kind. Volunteers do not replace paid staff, but enhance and extend the services provided by Evansville ARC. Volunteers are not considered employees of Evansville ARC. Volunteers must be at least 18 years of age.

Evansville ARC Volunteer Application Process

- 1) Complete the volunteer application and criminal background check form.
- 2) Return the completed application and form to Evansville ARC, 615 W Virginia St, Evansville, IN 47725.
- 3) The Volunteer Coordinator will contact you to schedule an interview and any necessary training. The Coordinator will also contact your listed references and forward your permission for criminal history check to the HR Department.
- 4) An Evansville ARC HR representative will contact you to schedule your TB test and drug screen.
- 5) Complete your scheduled orientation.
- 6) Begin volunteering!

If you have any questions during your application process, please contact Jenifer Bayer, Special Events & Volunteer Coordinator at 812-428-4500 ext. 309 or jennifer.bayer@evansvillearc.org

Office Use Only
Date Received: _____



VOLUNTEER APPLICATION
The Mission of Evansville ARC, Inc., is to advance the value of and respect for all individuals with disabilities by providing opportunities for development, employment and independence in the community.

Personal Information

Please Print

Name: _____ Nickname: _____
(Last, First, Middle)

Present Address: _____

Permanent Address: _____

Home Phone: () _____ Work Phone: () _____ Alternate Phone: () _____

E-mail _____ Birthday (optional): _____

Do you presently face charges for, or have you ever been convicted of, or pled guilty or nolo contendere to, or have pending a criminal offense?

Yes No If yes, please explain: _____

Have you ever applied for employment or volunteer work with Evansville ARC, Inc.?

Yes No If yes, approximate date of application: _____

Have you previously volunteered or been employed at Evansville ARC, Inc.?

Yes No If yes, from _____ to _____ Records under what name: _____

Do you have any relatives currently employed or volunteering at Evansville ARC, Inc.?

Yes No If yes, name and relationship: _____

Educational Information

School	Location	Last Year Completed	Degree Completed?		Degree, Course or Major
			Yes	No	
High School			<input type="checkbox"/>	<input type="checkbox"/>	
College			<input type="checkbox"/>	<input type="checkbox"/>	
Graduate School			<input type="checkbox"/>	<input type="checkbox"/>	
Bus./Trade School			<input type="checkbox"/>	<input type="checkbox"/>	
Other			<input type="checkbox"/>	<input type="checkbox"/>	

Please list relevant or most recent employment/work experience/skills/qualifications:

How did you become aware of the volunteer program at Evansville ARC? _____

Why are you interested in volunteering at Evansville ARC? _____

Previous Volunteer Experience: _____

What volunteer areas are you interested in? (Check all that apply)

General Clerical (needed for multiple departments)

Act as a substitute receptionist
Help with office duties, copying, filing, shredding, data entry, etc.
Take photos for employee database

Adult Day Program

Assist with classroom activities
Help with lunch duties
Provide one-on-one attention to clients

Child Life Center

Assist with classroom activities
Act as a kitchen assistant
Organize toys and books
Provide routine safety checks

Maintenance/Manual Labor

Assist with special construction projects and maintenance work like building playgrounds, demo work, retiling, painting, general cleaning, etc.
Help maintain the playground garden

Special Events

Assist with events like The Really Big Show, Transition Fair, client dances, Disability Awareness month activities

Special Talent/Hobby Demonstration

Share your special talent with a presentation to our children and adult clients

ARC Industries/Adult Clients

Assist clients with new jobs as a Task Tutor
Develop educational activities for clients who finish assigned tasks early

Other

Please list: _____

Volunteering Availability

Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Time							

Other: _____

Personal References

Name: _____ Relationship: _____ Years Known: _____

Email: _____ Phone: () _____ Phone: () _____

Name: _____ Relationship: _____ Years Known: _____

Email: _____ Phone: () _____ Phone: () _____

I certify that the information provided in the attached application is true and complete. I authorize an investigation of all statements contained in my application for volunteerism and understand that any false or misleading statements or material omissions are cause for refusal to accept me as a volunteer. I hereby authorize references and others to provide or verify any information they have regarding me or my volunteerism with them to an official representative of Evansville ARC, Inc., and release them from any liability arising from the furnishing of any information to Evansville ARC, Inc., at either party's option and will. I will further agree and understand that except as governed by existing federal, state or local law where applicable, my volunteerism establishes no guarantee or promise to continued volunteer work or set hours of work or any obligation on the part of Evansville ARC, Inc., the volunteer relationship may be terminated at any time, by myself or Evansville ARC, Inc., at either party's option and will. If accepted as a volunteer, I understand that my volunteer schedule and assigned hours may change due to the needs of Evansville ARC, Inc., and agree to accept such changes as a condition of volunteerism with Evansville ARC, Inc. I agree to familiarize myself with Evansville ARC, Inc., policies and understand that policies may be established/amended as necessary. I agree to protect the confidence and privacy of any and all information, which pertains to the conduct of Evansville ARC, Inc., business. I understand that only the President of Evansville ARC, Inc., may amend this agreement and that such amendment must be in writing and signed by the parties.

Your Signature: _____

Date: _____





615 West Virginia Street
P.O. Box 4089
Evansville, In 47724-0089
812-428-4500
812-402-8240 Fax

To: All Potential Candidates for Employment & Employees of Evansville ARC, Inc.
From: Vickie Warren, Vice President, Human Resources
Subject: County Criminal History Checks

According to Title 460 Division of Disability, Aging and Rehabilitative Services, all potential candidates for employment and employees must have a county criminal history check for us to remain in compliance and receive funding.

In order to conduct this check, you need to sign the authorization below and complete "Request for Limited Criminal History" on the backside of this letter. **Please complete one form for each county in which you have lived in for the last 3 years.** If you have a name change, please complete additional forms for each name change and county of residence.

We have a responsibility to protect and serve individuals with disabilities. Therefore, felonies and misdemeanors in the areas of a sex crime, exploitation of an endangered adult, failure to report: battery, neglect, or exploitation of an endangered adult, abuse or neglect of a child, theft (if the person's conviction for theft occurred less than 10 years before the person's employment application date), murder, voluntary manslaughter, involuntary manslaughter, felony battery and /or a felony offense relating to a controlled substance will prohibit continuing employment with Evansville ARC, Inc.

In order to complete a County Criminal History Check, we need your authorization below. Please be advised that this information is collected through Hi-Tech Investigative & Bail Bond or dox pops.com. Please complete both the front and back of this form.

I authorize Evansville ARC, Inc. to administer a county criminal history check by signing this form and completing the Request for Limited Criminal History form. I understand this procedure is being implemented due to State regulations.

Volunteer's Name

Date



Request for Limited Criminal History

Requesting Agency: Evansville ARC Inc.

Requesting Agent: Human Resources

Phone Number: 812-428-4500

Fax Number: 812-402-8240

Date Requested _____

****Subject of request (All information must be printed and complete)****

Social Security Number _____ Date of Birth _____

First Name _____ Middle Name _____

Additional First Names Used _____

Last Name _____ Circle if Applicable Jr. Sr. I II III

Past Last Names Used _____

Driver's License Number _____ State Issued _____

Current Address:

Street Address

City State Zip

County

I have lived at this address for the past 3 Years

Yes No

Previous Address:

Street Address

City State Zip

County

I have lived at this address for the past 3 Years

Yes No

Warning: Penalty for misuse

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil rights to which the subject is entitled. IC 5-2-5-5: Any person who uses limited Criminal History for any other purpose not specified in the request commits a CLASS A Misdemeanor offense.

For HI-TECH INVESTIGATIVE USE ONLY

HI-TECH INVESTIGATIVE & BAIL BOND
 1209 Lincoln Avenue - Evansville, Indiana 47714
 P. 812.477.1400 • F.812.477.6250

_____ NO RECORD ON FILE

_____ RECORD ATTACHED

For EVANSVILLE ARC USE ONLY

Information Gathered From
www.doxpop.com

_____ NO RECORD ON FILE

_____ RECORD ATTACHED