



# Volunteer/Intern Application

Date of Application: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

The information on this application is for use by The Arc of Northwest Wayne County's administration. This document and information will be kept confidential.

Last Name	First Name	Middle Name
Street Address	City	Zip Code
( )	( )	
Telephone Number	Cell Phone Number	Social Security Number

Days and Hours available to volunteer: Please circle the day(s) you are available

Sunday AM PM   Monday AM PM   Tuesday AM PM   Wednesday AM PM   Thursday AM PM   Friday AM PM   Saturday AM PM

Are you 18 years or older?    Yes    No

List below any friends or relatives who volunteer or work at The Arc:

Name	Telephone Number
	( )
	( )
	( )

**INFORMATION NEEDED FOR A CRIMINAL BACKGROUND CHECK (REQUIRED)**

Driver's License Number and expiration date \_\_\_\_\_ ( )

Current Employer	Address	Telephone Number
Job Title	Work Performed	

Have you ever been convicted of a crime?    Yes    No

If Yes, where, when and nature of offense? \_\_\_\_\_

Additional information about you that may be helpful in considering your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In signing this application I represent that all the information given is true and complete; I authorize you to verify any of the information including the completion of a criminal history check annually while actively volunteering.

Volunteer Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## VOLUNTEER AGREEMENT AND ABUSE POLICY

NAME \_\_\_\_\_

DATE \_\_\_\_\_

As a volunteer for The Arc of Northwest Wayne County, I will do everything in my power to provide a fun and safe environment for the individuals with intellectual and developmental disabilities I serve. I understand that my participation in any program or service will be at a time to be determined by the program director, volunteer chairperson or coach.

### **AGREEMENT ON RULES** (Please read carefully)

1. There is no use of alcohol, prescription or non-prescription drugs (unless medically necessary and approved by the program director). All laws in the state of Michigan are enforced.
2. Personal relationships with other volunteers or Arc staff members are at all times socially proper and shall not interfere in the program activities.
3. All relationships with program participants shall be proper. Any case of suspicion of abuse involving a child or adult shall be reported to the authorities immediately, and is grounds for dismissal.
4. Each volunteer agrees to remain at the activity throughout their scheduled time and will not leave during that time without reporting to the program director, volunteer chairperson or coach.
5. Each volunteer performs all duties as set forth in the volunteer job description and/or volunteer responsibilities as assigned by the program director or volunteer chairperson.
6. Each volunteer follows all policies as identified in The Arc of Northwest Wayne Counties Operational Policies.

### **ABUSE POLICY**

The Arc of Northwest Wayne County prohibits and does not tolerate abuse of any person or participant in its programs and services, or on any premises under its supervision. Abuse is defined as including physical abuse, physical neglect (child or adult), sexual abuse or molestation, financial abuse, and/or emotional abuse. Employees, volunteers, and staff of The Arc of Northwest Wayne County will comply with the law and this policy by reporting suspected abuse to management staff and other authorities. If any volunteer is accused of abuse, he or she will be suspended pending the outcome of the investigation. If reports of suspected abuse are substantiated, the volunteer will be subject to disciplinary action including suspension, criminal fines and/or other punishments. The Arc of Northwest Wayne County is committed to raising consciousness of consumers and their families regarding abuse and their right to suspected instances of abuse.

**I hereby find the above rules acceptable and understand that I must not abuse any person as described in the above policy and that I am required to report any abuse which I suspect has occurred.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
**Parent or Legal Guardian** (Must sign if volunteer is under 18 years old)

Date \_\_\_\_\_