



The Arc of Chemung
711 Sullivan Street, Elmira, NY 14901
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www.arcofchemung.org

Achieve with us.

For people with intellectual and developmental disabilities

Volunteer Application & Release from Liability

CONTACT INFORMATION *(Please Print)*

Full Legal Name: Mr./Mrs./Ms./Miss/Dr. _____
Title *(circle one)*

Address: _____

Phone: _____
Home Work Cell

Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

VOLUNTEER PREFERENCES

What days and/or times are you available to volunteer? _____

STATISTICAL INFORMATION

Gender: _____ Male _____ Female Date of Birth: _____

How did you hear about The Arc of Chemung? _____

Have you ever been convicted of a misdemeanor or felony in any jurisdiction? _____ Yes _____ No

Do you have any criminal charges pending against you? _____ Yes _____ No

List any special skills or qualifications which you feel would be beneficial as a volunteer for our organization:

EDUCATION

What is the highest level of education completed: _____

REFERENCES

Please list three references:

If you are under the age of 18, you must provide at least one school related reference.

Name:	Address:	Phone:

IF INTERNSHIP OR COMMUNITY SERVICE

Where are you attending school where this internship/community service is being required?

Who is your contact advisor for this internship/community service? _____

How do we contact your advisor for this internship/community service?

Phone: _____ Email: _____

How many hours do you need to fulfill? _____ When do they need to be completed? _____

VOLUNTEER AGREEMENT

- I understand that all information and data about clients, agencies, volunteers, staff and donors of The Arc of Chemung is strictly confidential and may not be discussed outside the office, or with any unauthorized person.
- Volunteers are subject to a full background screening process.
- Volunteers are required to have two (2) current PPD (TB results), may have a child abuse clearance check, background check, and be subject to fingerprinting. PPD results can be obtained from a physician, school health office or can be obtained free of charge from The Arc of Chemung.
- *Please note: we cannot accommodate requests for Court Mandated Community Service.*

I grant full permission to The Arc of Chemung to use any photographs, film, video or audiotapes of my performing volunteer work for any purpose The Arc of Chemung deems appropriate. ____ Yes ____ No

I grant full permission to The Arc of Chemung to conduct a full background check, including a NYS-required Medicaid Exclusion Background Check prior to my volunteer service. ____ Yes ____ No

Volunteer Signature: _____ Date: _____

(Signature of Parent/Legal Guardian if volunteer is under the age of 18)

Volunteers are elected into The Arc of Chemung program after careful consideration. Applying for a volunteer position within The Arc of Chemung does not guarantee placement within the organization.

Achieve with us.®

For additional information contact:
Molly McInerney, Volunteer Coordinator at 607.734.6151 ext. 128 • email: McInerneyMM@arcofchemung.org.