



1300 Saint Marys Street • Suite 200
Raleigh, NC 27605
919-832-2660 • Fax: 919-832-5446

www.arcwake.org

Working with and for people with developmental disabilities and their families in Wake County.

Please complete both sides of this application!

COMMUNITY CONNECTIONS VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone (H): _____ (W): _____

Email: _____

How would you prefer to communicate with the Adult Services Coordinator?
 Home Phone Work Phone Email

EDUCATION/EMPLOYMENT:

University/College _____ Location _____

Years Attended _____ Degree/Major _____

Employer _____ Position _____

Years Employed _____ Supervisor's Name _____

EXPERIENCE:

Briefly describe any previous volunteer experience you have:

Briefly describe any experience (paid or volunteer) you have working with people with disabilities _____

INTERESTS/NEEDS OF THE PROGRAM:

What kind of leisure/recreational activities do you enjoy? _____



What are your hobbies/special interests? _____

Do you have personal car insurance that is valid? yes no

Insurance Company and Policy Number _____

How did you learn about Community Connections? _____

REFERENCES:

Please list name, address and phone numbers, excluding relatives and people who live with you.

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

RELEASE:

I assert that the information in this application is true and accurate to the best of my knowledge. I give permission for The Arc of Wake County to conduct the above mentioned reference checks.

Signature _____

Date _____