

**THE ARC OF TUSCALOOSA COUNTY
APPLICATION FOR VOLUNTEER SERVICES**

Date: _____

**Return to: Director of Operations
The Arc of Tuscaloosa County
Post Office Box 40246
Tuscaloosa, Alabama 35404
205/556-4900**

Full Name: _____

Address: _____

City State Zip

Telephone - Home: _____

Work/cellular: _____

Email address: _____

Occupation: _____

References

List two reliable persons who know you well enough to give information about you.		
Name	Occupation and Relationship to You	Telephone Number
1.		
2.		

Certification of Suitability

I, the undersigned, hereby certify that I have no convictions resulting from a criminal offense (excluding traffic violation), especially alcohol or drug related charges at any time in the past three years nor is there any criminal action or investigation pending. I further certify that I, at any time, have had no convictions or charges pertaining to child or vulnerable adult abuse neglect nor have I ever been investigated by any social service agency regarding allegations of child or vulnerable adult abuse or neglect.

SIGNATURE _____ DATE: _____

If you have been investigated for allegations of abuse of a child or vulnerable adult or for any cause, please state the reason for the investigation and when and where this took place, whether this investigation was alleged or founded allegations, also, if you do have any criminal record, please explain those circumstances:

NOTE: ANYONE CHARGED AND CONVICTED OF CHILD OR VULNERABLE ADULT ABUSE AT ANYTIME IS NOT SUBJECT TO BEING AN ARC VOLUNTEER

How did you learn about The Arc? _____

Have you had personal experience with individuals with mental retardation? If so, explain: _____

When are you available for volunteer service? _____

What type of volunteer experience are you interested in: _____

Have you or do you volunteer for any other organizations? () Yes () No If yes, please list the organization/s you have worked with: _____

If you volunteer for another organization, what are your responsibilities? _____

What are your hobbies? _____

Please list any other information you feel important or noteworthy, i.e. other training, any license(s) or certificate(s) held that relate to volunteering at The Arc:

I certify that all statements on or attached to this application are true and correct to the best of my knowledge

Signature (Full Name)

Date

Witness

Date

We greatly appreciate your interest in The Arc of Tuscaloosa County and in the individuals in our programs. Please note: Due to State of Alabama Department of Mental Health & Mental Retardation requirements, all volunteers for agencies serving vulnerable adults must have the following before volunteering: Drug screen (\$28.00), Two-step TB test (Approximately \$20.00 depending upon where it is done) and a Criminal Background Check.

The Arc of Tuscaloosa County can only pay the costs associated with the criminal background check. Drug screen and TB test will, therefore, be the responsibility of the person wishing to volunteer.

The Arc of Tuscaloosa County
Volunteer/Student Drug Testing Agreement

I, _____, hereby consent to submit to an urinalysis and/or other tests as shall be determined by The Arc of Tuscaloosa County in the selection process of volunteers for the purpose of determining substance use.

I agree that The Arc of Tuscaloosa County may collect these specimens for the tests and forward them to a testing laboratory designated by Arc for analysis.

I further agree to, and hereby authorize, the release of the results of said tests to The Arc of Tuscaloosa County. Positive results may be reported to a Medical Review Officer for review.

I understand that the current use of drugs and/or alcohol shall prohibit me from volunteering with The Arc of Tuscaloosa County.

I further agree to hold harmless this company and its agents from any liability arising in whole or in part from the collection of specimens, testing, and use of the results from said tests in connection with the company's consideration of my volunteer application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced by anyone to sign this document.

I further understand that I am responsible for payment of the pre-employment test (\$26.00).

Volunteer Applicant's Printed Name: _____

Applicant's Social Security Number: _____

Applicant's Signature: _____

Date: _____

Witness' Printed Name: _____

Witness' Signature: _____

Date: _____

CONSENT TO OBTAIN CRIMINAL HISTORY BACKGROUND CHECK

In connection with application for volunteering with The Arc of Tuscaloosa County, Inc., I understand that I will be subject to a criminal history background check completed by a party or agency contracted by The Arc of Tuscaloosa County, Inc.

I AUTHORIZE ANY PARTY OR AGENCY CONTRACTED BY THE ARC TO FURNISH THE ABOVE-MENTIONED INFORMATION AND RELEASE FROM ALL LIABILITY AND RESPONSIBILITY ALL PARTY(IES) OR AGENCY(IES), PERSON(S), PARTIES, ENTITIES, INCLUDING MY PRESENT EMPLOYER REQUESTING OR SUPPLYING SUCH INFORMATION.

I hereby authorize procurement of a criminal history background check in my name. If selected, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such information at any time during volunteer period.

Print Name

Applicant's signature

Date

Witness

Date