



# Volunteer Application

Print and return to:  
The Arc of Frederick County  
Attn: Maia Carlisle  
620-A Research Court  
Frederick, MD 21703

Thank you for your interest in volunteering with The Arc of Frederick County. Your gift of service will enrich lives and expand much needed services in our programs, which have continued to serve Frederick County for over 50 years. The steps to signing up are as follows:

1. Please complete the application and send it in to The Arc at the address given above.
2. We will contact your references and schedule a meeting with you to discuss your interests.
3. If you decide to work directly with a family or individual, you must be at least 18 years old, and we will complete additional background checks.
4. If you are volunteering as a One-to-One, a Support Coordinator will contact you to schedule a time to introduce you to the people with whom you will be volunteering and discuss any additional questions you may have.
5. Once per month you will be asked to let us know about the hours you have volunteered.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alt phone: \_\_\_\_\_

Emergency Contact (name & phone number): \_\_\_\_\_

Reference 1 (name & phone number): \_\_\_\_\_

Reference 2 (name & phone number): \_\_\_\_\_

Have you had previous trainings/experiences in caring for a person who has a developmental disability? (Behavior management, seizure disorder, G-tube, etc.) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What has brought you to us? What are you interested in doing? How long would you like to volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days and times you are available: \_\_\_\_\_

Please be advised that the information you provide on this questionnaire will be shared with families who request information about volunteers in Frederick County. Information from reference and police background checks will also be shared with families and individuals. In addition, The Arc waives all responsibility in the event of an accident or injury to any child or adult receiving volunteer care provided by someone who has completed this form.

By submitting the application, I fully understand that information that I provide is intended to be shared with families who request information about volunteers in Frederick County. I also understand that The Arc of Frederick County may receive information about me through my references and through police background inquiries. As a part of submitting this application, I hereby authorize The Arc to release any and all information about me to families who request information about volunteers.

In the event that I provide volunteer services, I fully understand and acknowledge that The Arc is not responsible for any injury or property damage that arises out of the provision of such services.

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Signature

Date

The Arc of Frederick County  
620-A Research Court  
Frederick, MD 21703  
[www.arcfc.org](http://www.arcfc.org)  
301-663-0909