

*Achieve with us.®*

Volunteer Application

Date: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ City/State/Zip: _____

Have you lived outside of Texas in the last 7 years? ☐ Yes ☐ NoPlease provide that address: _____ N.A. ☐Date of Birth: ____ / ____ / ____ ☐ Male ☐ Female

Phone: _____ Good time to reach you by phone: _____

E-mail Address: _____

Emergency contact name and phone number: _____

Do you speak Spanish? _____ Do you know Sign Language? _____ Do you have transportation? _____

Where did you hear about volunteering for The Arc of the Capital Area?

- | | | |
|---|---|--|
| ☐ Volunteer Match Web site | ☐ My School | ☐ My Company |
| ☐ Presentation | ☐ A Friend | ☐ A Special Event |
| ☐ National Charity League | ☐ Young Men's Service League
(YMSL) | ☐ Other _____ |

If you are part of NCL or YMSL please submit one application per person (1 for parent and 1 for child)

Employer: _____

Does your employer provide funds for volunteer hours? _____

Volunteer Experience:

1) Place: _____ Dates: _____

Type of Work: _____

Please return completed application via mail ATTN: Katy Rothfelder, Marketing & Volunteer Coordinator
Krothfelder@arcofthecapitalarea.org
4902 Grover Avenue ♦ Austin, TX 78756 ♦ Fax: (512) 476-9054

2) Place: _____ Dates: _____

Type of Work: _____

Have you ever worked with adults or children with disabilities? _____

If yes, briefly describe your experience:

In what area are you interested in volunteering? (Please check all that apply)

- ☐ Art Program ☐ Music Program ☐ Golf Committee ☐ Evening Art Shows
☐ Bowling ☐ Gala Committee ☐ Office Support Work
☐ Movie Night ☐ Amplify Austin Committee ☐ Translation

Time Commitment:

I would prefer to volunteer for:

- ☐ One Year ☐ One Semester ☐ For Class Credit ☐ One-time Commitment

*Please Note: Volunteering in our Arts Program requires a 3-month commitment of at least one day every other week

☐ I am part of a group that is interested in volunteering

What are the most convenient times during the week for you to volunteer?

*Arts Program Shifts

- ☐ Mornings: 9:30am-11:30am ☐ Afternoons: 12:30pm-2:30pm

*NCL volunteers indicate here which shift/activity you will sign up for.

Day of Week

Time

_____	_____
_____	_____
_____	_____

Please list any skills, hobbies, abilities or interests that you would like to utilize in your volunteer experiences.

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***For student volunteers only:***

Are you volunteering for class credit? \_\_\_\_\_ School: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_ Course Name: \_\_\_\_\_

Instructor's name: \_\_\_\_\_ Email: \_\_\_\_\_

**Criminal Background:**

Have you ever been convicted of a crime: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please list any previously used names: \_\_\_\_\_

**Criminal Background Check Authorization/Waiver/Indemnity/Confidentiality Agreement/Media Consent**

I hereby give permission for The Arc to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. \_\_\_\_\_ *initial*

I, the undersigned, do for myself, my heirs, executors and administrator, hereby remise, release and forever discharge and agree to indemnify The Arc of the Capital Area, a service of United Way/Capital Area and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, cost, debts and sums of money, claims and demands whatsoever, and any and all related expenses resulting from the investigation of my background in connection with my application to become a volunteer. \_\_\_\_\_ *initial*

I understand that any information released to me about any Arc of the Capital Area client is strictly confidential. I agree to keep this information confidential. \_\_\_\_\_ *initial*

I understand that The Arc of the Capital Area adheres to a tobacco free policy in all facilities where volunteer activities take place. I agree to not use tobacco products while volunteering or when on the premises. \_\_\_\_\_ *initial*

I hereby grant permission for The Arc of the Capital Area to use my name, likeness, written and spoken comments in informational, promotional, development, and fundraising materials to promote quality programs and community awareness for persons with disabilities. \_\_\_\_\_ *initial*

**I affirm that the information provided in this application is true and accurate to the best of my knowledge.**\_\_\_\_\_  
Print Applicant's Name

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Applicant's Signature

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Date

**If the participant is under the age of 18 or a guardian signature is necessary, please sign below.**

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Parent/Guardian Signature

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Date

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**STATEMENT OF NON-SANCTION**

I acknowledge that I have been informed by The Arc of the Capital Area that a review of the OIG's Cumulative Sanction List will be performed to verify that I have not had state nor federal sanctions imposed for the following Social Security Act violations:

- 1128 (a)(1) Program related conviction
- 1128 (a)(2) Conviction related to patient abuse of neglect
- 1128 (a)(3) Felony conviction relating to health care fraud
- 1128 (a)(4) Felony conviction related to controlled substance violations
- 1128 (b)(1) Conviction relating to fraud
- 1128 (b)(2) Conviction relating to obstruction of an investigation
- 1128 (b)(3) Conviction relating to fraud
- 1128 (b)(4) License revocation or suspension
- 1128 (b)(5) Suspension or exclusion under a Federal or State health care program
- 1128 (b)(6) Excessive claims or furnishing of unnecessary or substandard items or services
- 1128 (b)(7) Fraud, kickbacks and other prohibited services
- 1128 (b)(8) Entities owned or controlled by a sanctioned individual
- 1128 (b)(9) Failure to disclose required information
- 1128 (b)(10) Failure to supply requested information on subcontractors and suppliers
- 1128 (b)(11) Failure to provide payment information
- 1128 (b)(12) Failure to grant immediate access
- 1128 (b)(13) Failure to take corrective action
- 1128 (b)(14) Default on health education loan or scholarship obligations
- 1128 (b)(15) Individuals controlling sanctioned entities
- 1128 Aa Imposition of a civil money penalty or assessment
- 1156 (b) PRO recommendation

I understand that verification of non-sanctions both at the state and federal levels will be done, by checking OIG database, at the time of application and monthly while volunteering at The Arc of the Capital Area. I acknowledge that if I am found to be ineligible for participation in state or federal health care programs, that my volunteer opportunity will be terminated immediately. I have informed this agency of all names, (IE, aliases, maiden), that I have used in the past. I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

I understand that The Arc of the Capital Area is a tobacco-free workplace.

**PLEASE PRINT:**

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NAME (LAST, FIRST, MIDDLE)

MAIDEN

---

OTHER NAMES (ALIASES, MARRIED NAMES, ETC.)

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ADDRESS

CITY, STATE, ZIP

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(If applicant has lived outside of the State of Texas within the past 7 years, include previous address)

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DATE OF BIRTH (MM/DD/YYYY)

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SIGNATURE

DATE

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