



Volunteer Application

Please complete and return to Area Residential Care
3355 Kennedy Circle Dubuque, IA 52002 or e-mail to
info@arearesidentialcare.org

It is the mission of Area Residential Care to empower people with intellectual disabilities to achieve their highest quality of life.

Please print and complete all questions completely. Please remember to sign and date the bottom.

Name: _____ Date of Application: _____

If volunteering as part of a group, please indicate group: _____

Address _____
Street City State Zip

Telephone # _____ e-mail _____

Event you wish to volunteer at _____

Are you interested in volunteering for other events/opportunities? Yes no may we contact you? Yes no

Briefly describe your interests/talents/skills? _____

Emergency Contact Information

Emergency Contact Name: _____

Address: _____

Phone number: _____ Alternate phone number: _____

This application will be given every consideration, but its receipt does not imply that I will be accepted as an approved volunteer with Area Residential Care, Inc. I also understand that this application is for volunteer activities under the auspices of the Human Resources Director and are limited to fund raising and public relations activities. I further understand that if I want to volunteer to work directly with individual's service by ARC, and if I desire employment with ARC, I will need to complete an extended volunteer application or employment application. I understand that just as I am free to cease volunteer activities at any time, the agency reserves the right to terminate volunteer activities at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

RELEASE OF LIABILITY – The undersigned hereby agrees that he/she voluntarily assumes the risk of accident, injury, or damage to person and property. Furthermore, the Undersigned releases and discharges Area Residential Care or its respective officers, agents, employees, heirs, successors, and assigns. The undersigned also agrees to defend Indemnify and save ARC harmless from and against any and all claims, demands, and suits at law or in equity brought, directly or indirectly, in connection with his/her Voluntary participation in any and all fundraising events sponsored by ARC.

Signature of Applicant: _____ Date: _____

Thank you for supporting Area Residential Care. We appreciate your willingness to share your time, talent, and skills with us.

**For more information on Area Residential Care please visit www.arearesidentialcare.org, follow us on Facebook and Twitter!
Area Residential Care 3355 Kennedy Cr. Dubuque, IA 52002 | info@arearesidentialcare.org | (563) 556-7560**