



VOLUNTEER SPONSOR APPLICATION

The Arc of Lincoln 6500 Holdrege St., Lincoln, NE 68505
402.421.8866 | arcvacation@windstream.net | www.arclincoln.org

NAME & CONTACT INFORMATION.....

Full Legal Name (Last, First Middle) _____

Home Phone _____ Cell Phone _____

Email _____ Date of Birth _____

Street Address _____

City/State/Zip _____

Drivers License – State: _____ #: _____ Expiration Date: _____

Do you have a valid U.S. passport? YES NO #: _____ Expiration Date: _____

Medical Insurance – Company: _____ Policy #: _____

Name on insurance policy if not your own: _____

Do you have Medicare? YES NO

TRIP VOLUNTEER INFORMATION & AVAILABILITY _____

Have you been an Arc Expeditions Volunteer Sponsor in the past? YES NO

If this is your first year, why are you interested in volunteering now? _____

Please describe any limitations that affect your ability to volunteer: _____

Does your work/home situation allow you to be available for a trip on short notice? YES NO

How much advance notice do you need? _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

SPECIAL SKILLS & TRAINING

CPR, Expires _____

Life Saving/WSI, Expires _____

CNA

Behavioral Issues

First Aid, Expires _____

Trained Medical Assistant

Other _____

Please list/describe experience(s) working with people with intellectual/developmental disabilities: _____

RECENT/RELEVANT EMPLOYMENT HISTORY (You may submit a resume if it includes info requested below.)

Current/Most Recent Employer _____

Street/City/State/Zip _____

Supervisor (Name & Title) _____ Supervisor's Phone _____

Title/Job Classification _____ Employment Start/End Dates: _____

Brief description of job duties: _____

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Previous Employer _____

Street/City/State/Zip _____

Supervisor (Name & Title) _____ Supervisor's Phone _____

Title/Job Classification _____ Employment Start/End Dates: _____

Brief description of job duties: _____

RELEVANT VOLUNTEER HISTORY

Organization/Agency _____

Street/City/State/Zip _____

Supervisor (Name & Title) _____ Supervisor's Phone _____

Title/Job Classification _____ Employment Start/End Dates: _____

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Organization/Agency _____

Street/City/State/Zip _____

Supervisor (Name & Title) _____ Supervisor's Phone _____

Title/Job Classification _____ Employment Start/End Dates: _____

PERSONAL REFERENCE(S).....

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Street/City/State/Zip _____

.....
Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Street/City/State/Zip.....

AUTHORIZATION & UNDERSTANDINGS

I hereby authorize The Arc of Lincoln to contact my previous employers, volunteer placements, and references on matters of record listed on this application and release those providing information from any liability whatsoever for issuing such information.

I understand that ...

- *any false answers/statements made by me on this application or any supplement thereto can disqualify me and will be sufficient grounds for immediate discharge regardless of when discovered.*
- *this Volunteer Sponsor Application in no way constitutes a contract for employment with The Arc of Lincoln.*
- *participation in a training/orientation may be required before I take my first Arc Expeditions trip.*
- *if my Volunteer Sponsor Application is approved, The Arc of Lincoln will complete a background check to insure the safety of its vacationers and I will provide the information required for the background check.*
- *if my Volunteer Sponsor Application is approved I will be required to complete The Arc of Lincoln’s Volunteer Consent of Release / Statement of Confidentiality Form.*

Signature of Applicant

Date

The Arc of Lincoln does not discriminate on the basis of race, religion, national origin, gender, age, disability, marital status, or veteran status. Information provided on this application will not be used for any discriminatory purpose.