



2024 VOLUNTEER SPONSOR APPLICATION

The Arc of Lincoln 5200 Francis Street. Lincoln, NE 68504

402.421.8866 | director@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: _____

_____ Covid 1/Flu Vaccine _____

Dates _____

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 needs that may 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?

2024 Arc Expedition Sponsor Preferences: Rank preferences 1 to 10, with 1 being most preferred and 10 being least preferred, will be recorded on the Volunteer Sponsor Application Form. (Subject to change.)

___ **Husker Football Spring Game, April 27**

___ **Luxury Women’s Weekend, May 3-5**

___ **Salt Dogs Baseball Game, May 17**

___ **Hilo/Kona Hawaii, May 30 - June 6**

- ___ **Men's KC Trip, July 19-21**
- ___ **DisneyLand, CA, August 12-17**
- ___ **Nebraska City Retreat, August 30-September 1**
- ___ **Husker Football, September 7 or 14 or 21**
- ___ **Worlds of Fun, October 26-27**
- ___ **Christmas Branson, November 14-18**
- ___ **Husker VB Watch Party, November TBA**

Emergency Contacts:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

.....

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

SPECIAL SKILLS & TRAINING.....

- Other _____
- First Aid, Expires _____ Med Aide, Expires _____ CPR, Expires _____
- CNA, Expires _____ Trained Medical Assistant, Expires _____
- Deescalation/Crisis Management 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: _____

.....

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: _____

.....

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.