



1099 Waiānue Ave.  
 Hilo, HI 96720  
 Ph: (808) 935-8534

Date:
Department Volunteering For:

# VOLUNTEER APPLICATION

*Thank you for your interest in The Arc of Hilo. We deeply appreciate your services and convey our commitment to do the best we can to make your volunteer experience with The Arc of Hilo productive and rewarding*

## GENERAL INFORMATION

Name		Social Security No.	
Address		Day Phone No.	
City	State	Zip Code	Evening Phone No

Do you have a recent TB clearance?  Yes  No

Have you ever been convicted of a felony?  Yes  No If so, please describe? \_\_\_\_\_

Do you have limitations?  Yes  No If so, please describe? \_\_\_\_\_

Do you have any experience in working with person with disabilities?  Yes  No If so, please describe: \_\_\_\_\_

Please list your interest/skills: \_\_\_\_\_

Indicate days and times you are available: \_\_\_\_\_

In case of Emergency contact:			
Name		Relationship	
Home Phone		Work Phone	

**Background Check Authorization:** It is The Arc of Hilo's policy to conduct background checks on all of its employees and volunteers. The applicant authorizes The Arc of Hilo to conduct such review without further notice. Information provided on the application is confidential and will not be accessed without proper authorization

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature