



a Division of Ark Industries & Rehabilitation Center

Selected Programs accredited by CARF... The Rehabilitation Accreditation Commission

1150 N 3rd · Laramie, WY 82072

Phone: (307)742-6641 Fax: (307)742-9203

Web: www.arkregionalservices.org

Application for Volunteering

Applicants are considered for volunteer positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a no-job-related disability.

Date: _____ Volunteer Position Applied for: _____

Name: _____ Social Security #: _____
Last First MI

Address: _____
Street City State Zip Code

Home Phone #: _____ Alternate Phone Number: _____

Relatives working for the Ark Regional Services (Name, relation and position in which they work): _____

Have you ever been employed by the Ark Regional Services? Yes No

If yes, position: _____ Dates of employment: _____

Supervisor's name & title: _____

Reason for leaving: _____

Availability for volunteering: (Circle days/List times)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time: _____

Describe your reasons for wanting this volunteer experience: _____

Employer/Company: _____ Address: _____ State: _____ Zip: _____

From: Mo/Yr _____ To: Mo/Yr _____ Hours worked per week: _____

Supervisor: _____ May we contact? Yes No Phone #: _____

Did you supervise? Yes No If yes, number of employees supervised? _____

Reason for leaving: _____

General Duties: _____

Employer/Company: _____ Address: _____ State: _____ Zip: _____

From: Mo/Yr _____ To: Mo/Yr _____ Hours worked per week: _____

Supervisor: _____ May we contact? Yes No Phone #: _____

Did you supervise? Yes No If yes, number of employees supervised? _____

Reason for leaving: _____

General Duties: _____

Employer/Company: _____ Address: _____ State: _____ Zip: _____

From: Mo/Yr _____ To: Mo/Yr _____ Hours worked per week: _____

Supervisor: _____ May we contact? Yes No Phone #: _____

Did you supervise? Yes No If yes, number of employees supervised? _____

Reason for leaving: _____

General Duties: _____

Employer/Company: _____ Address: _____ State: _____ Zip: _____

From: Mo/Yr _____ To: Mo/Yr _____ Hours worked per week: _____

Supervisor: _____ May we contact? Yes No Phone #: _____

Did you supervise? Yes No If yes, number of employees supervised? _____

Reason for leaving: _____

General Duties: _____

Personal References

List name, address including street, city, state and zip code and telephone number of three references who **are not related** and *are not previous employers*. Providing this information means that you give this organization permission to contact the references listed.

Name Address City State Zip Phone #

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VOLUNTEER APPLICANT'S ACKNOWLEDGEMENTS

As a volunteer, the following will apply:

- 1.) Ark has ultimate responsibility for the patient care, treatment, health, safety and welfare of Ark clients. Failure to abide by our standards and requirements may result in immediate dismissal from Ark's facilities;
- 2.) **Your job will be that of volunteer**, and as such, you **are not considered an employee of the Ark and will not be compensated** for any work performed in connection with the volunteer period. In addition, you **will not** be eligible for coverage under Ark's worker's compensation or unemployment insurance programs.

As part of our criteria for your volunteer service, we are also requiring that you record on a monthly basis along with short description of the volunteer work accomplished.

By accepting this volunteer service, you agree to defend, indemnify and hold harmless Ark, its officers, agents, employees and representatives from any and all claims for loss or damage to property or injury or death to persons, arising from the negligent or wrongful acts or omissions as a volunteer inclusive of costs, expenses and attorney's fees.

Printed Name of Volunteer Applicant: _____

Signature of Volunteer Applicant: _____ Date: _____