



The Arc of Cass County
215 North University Drive
Fargo, ND 58102
(701) 293-8191

FOR OFFICE USE ONLY:

Date Received: _____

Date Interviewed: _____

Accepted or denied (circle)

Date Matched: _____

Individual: _____

The Arc of Cass County: Arc Buddies
Attn: Jani Heringer- Program Coordinator
215 N. University Dr.
Fargo, ND 58102

Volunteer Application

Personal information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____

Birthday: _____ Male/Female (please circle)

Marital Status: _____ Dependents: _____ Religious affiliation _____

Education: _____

Times available to meet with your Buddy: _____

Do you have experience with people with developmental disabilities? _____

If yes, please explain: _____

Why are you interested in becoming a Buddy to a person with a developmental disability? _____

Please list any special skills, interests or hobbies: _____

Employment:

Are you presently employed? Yes/No _____ How long? _____

Employer: _____ Occupation: _____

Work schedule: _____ Business phone: _____

May we contact you at work? Yes/No

Other past employment: (briefly explain past jobs and length of employment at each) _____

Volunteer Information: (please list any volunteer experiences)

Place: _____ Date: _____ Type of work: _____ Length of volunteer ship: _____

Driver's Information:

Do you have a driver's license? _____ Driver's license # and state of issues: _____

Do you have a car? _____ Do you have car insurance? _____

Car insurance company and policy #: _____

Buddy preferences:

- 1. Male Female No preference
- 2. 12-19 Yrs 20-39 Yrs 40-59 Yrs 60+ No Preference
- 3. Mild Disability Moderate disability Severe disability No Preference
- 4. Smoker Non-smoker No Preference

Emergency Contact:

Name: _____ Phone: _____ Relationship to you: _____

References:

Please list **five** character references.

List people who have known you for at least **one year** and include **one family member** and **one employer or teacher**.
Please provide complete mailing addresses.

Name:	Relationship:	Agency:	Address:	Phone:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

By signing below I acknowledge that everything in this application is correct to the best of my knowledge. I understand that this application will be retained by The Arc of Cass County.

(Signature)

(Date)