



VOLUNTEER APPLICATION

Thank you for your interest in volunteering! Please complete the following application and email it to volunteer@armofcare.net. We will follow up with you within a week.

ARM (Art, Recreation, Movement) of Care uses Creative Arts to restore and empower girls and young women who have been or at risk for being commercially sexually exploited. ARM of Care delivers programs using art, recreation, and movement and other creative modalities. These methods provide safe ways to process, express and release the traumas they have experienced. The goals include growth in self awareness, self regulation and relationships. Our work is sensitive in nature and will require volunteers to clear an FBI and Department of Justice background LiveScan check.

Volunteers are a valuable part of ARM of Care and we welcome people with a variety of skills, interests and time. Please complete the application below. Let us know what floats your boat and a bit about yourself.

Date of application: _____

First Name: _____ **Last Name:** _____

Nickname or name you prefer (if different): _____

Residential Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____ (Circle: Cell - Home – Work – Other)

Email Address: _____

Are you over the age of 18? _____ (If not, please have legal guardian sign application too.)

Emergency Contact Name: _____ Relationship: _____

Ph: _____ Ph 2: _____

Occupation: _____ Employer: _____

Have you ever been convicted of a felony or misdemeanor? If yes, please explain. (Such conviction may bar you from participating in a position to which the conviction is relevant, but would not bar you from participating in other positions.)

Circle one: Yes / No

If yes, please explain: _____

How did you learn about ARM of Care? _____

Reference 1 (Non-family member)

Name: _____ Relationship: _____ Years known: _____

Phone Number: _____ Email: _____

Reference 2 (Non-family member)

Name: _____ Relationship: _____ Years known: _____

Phone Number: _____ Email: _____

Volunteer Applicant Name: _____



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Areas of volunteer interest (check all that apply):

___ **Administrative Support** – various and might include thank you cards after an event, mailing invitations, printing, typing up documents, proof reading, contact database input, and general office type needs.

___ **Creative Arts General Support Team** – coordinate efforts to secure and pick up donated items needed for programs.

___ **Fundraising & Event Team** – help with various fundraising events from our annual large event to representing ARM of Care at events. Public Relations.

___ Are you a sewer and interested in sewing blue jean bags for us?

___ **Graphic Design/Photo and Art Design** – getting material laid out and ready for print, flyers, emails, website and social media.

___ **Grant Research & Writing** – research opportunities and sources for funding, inquiring and help with preparation of written requests

___ **Social Media** – Do you love to share? Are you good with Facebook? Instagram? Pinterest? Twitter? Have you done a blog? Then this is for you and **WE NEED HELP!** We want to get our stories out and engage our wonderful community.

___ **Leadership** – Like to lead? We have needs to lead in the various areas and coordinate our terrific volunteers.

___ **Intern** – If you are interested in doing a non-paid internship in Direct Care (see below) and/or Support areas, please let us know and include a description of your interest and program (if it is formal). We are always open to providing internship opportunities.

___ **Other** – Let us know your ideas or if you would like to discuss where you might be a good fit.

___ **Direct Care Volunteer**

The requirements to do “hands on” work with those we serve include training and experience with trauma informed services. We encourage those who work with us to have experienced their own Creative Arts Therapy. We also accept interns in Expressive Arts, Movement/Dance, Drama, Art, Music and recreational Therapy. Many agencies we partner with require training in human trafficking as well. If you are interested in direct care volunteer work, please provide a summary of your interest and background below (please feel free to add an additional sheet if needed) and a resume.



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Time Available:

Regular: ____ 1-4 hrs weekly ____ 3 – 10 hrs monthly

Periodic: ____ on call and varies ____ special events

Other: _____

Anything else you would like to share with us about yourself or interests?

Statements of Understanding Please read carefully and initial that you acknowledge each statement. Guardian must initial if applicant is a minor.

I have not knowingly withheld any information that might adversely affect my chances for a volunteer position and the answers given by me are true to the best of my knowledge. I certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application may be grounds for discharge from volunteer position.

(Initial) _____

I hereby authorize ARM of Care to thoroughly investigate my references and matters related to my suitability for volunteering and, authorize the references I have listed to disclose to the company any and all information in regards to my suitability for volunteering. In addition, I hereby release ARM of Care and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

(Initial) _____

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my volunteer process, is intended to create a contract between me and ARM of Care. I understand and agree that if I am chosen for a volunteer position, my tenure is for no definite or determinable period and may be terminated at any time at the option of either myself or ARM of Care, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and a ARM of Care designated representative.

(Initial) _____

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by ARM of Care personnel, I am entitled to copies of any such public records obtained by ARM of Care.

(Initial) _____

I understand that I may be required to show results of a LiveScan finger printing and a TB test (PPD) depending on the volunteer placement. I also understand that my name may be searched on the Megan’s Law Database.

(Initial) _____

Signature

Date

Legal Guardian signature (if under 18)

Printed Name of Legal Guardian

Date

Volunteer Applicant Name: _____