



ARC SUMMER ADVENTURES
P.O. Box 18800
Hattiesburg, MS 39404-8800

ATTENTION: \$5.00 will be expected every Wednesday for the movie!

ARC VOLUNTEER INFORMATION

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CELL PHONE _____

E-MAIL _____

PARENT'S NAME _____

PARENT'S PHONE NUMBER _____ CELL PHONE _____

BIRTHDAY _____ AGE _____ GRADE _____

SCHOOL _____

ORGANIZATIONS/MEMBERSHIPS (Clubs, extra curricular activities) _____

PREVIOUS WORK WITH DISABLED INDIVIDUALS _____

PREFERENCE
Preschool Classroom Children and Adults (Rotating Class)

PLEASE CHECK ALL THAT APPLY TO YOUR INVOLVEMENT WITH THE ARC IN THE PAST YEAR
Membership Attend meetings Help with Fundraisers Volunteered at Dances Buddy Party

OTHER: (Explain) _____

REFERENCES:
1. NAME _____
POSITION _____ PHONE _____
2. NAME _____
POSITION _____ PHONE _____

SIGNATURE _____ DATE _____

If a volunteer is 17 or younger, parent is required to sign acknowledging your child will be volunteering for The Arc.

SIGNATURE _____ DATE _____

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