

# New Volunteer Information

All information will be kept confidential. All boxes must be filled in.



**arms**

adults reaching middlebury students

|   |      |                       |           |
|---|------|-----------------------|-----------|
| Name  |      | Best way to reach me: |           |
| Emergency Contact:  |      | Phone:                |           |
| Home Address (street, city, state, zip):  |      |                       |           |
| Years of Residence:   |      | Phone:                |           |
| Date of Birth:  |      | Social Security #:    | Race:     |
| Email Address:  |      |                       |           |
| Employer:   |      | Position:             | Since:    |
| Work Address (street, city, state, zip):  |      |                       |           |
| Education:  |      | Interests:            |           |
| Please check here if you are volunteering as part of a group <input type="checkbox"/>   |      | Name of group:        |           |
| Other volunteer experiences:  |      |                       |           |
| <b>References:</b>  |      |                       |           |
|   | Name |                       | Phone No. |
| 1   |      |                       |           |
| 2   |      |                       |           |
| 3   |      |                       |           |
| Have you ever been convicted of or charged with a crime of any kind? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. |      |                       |           |

I agree to allow and provide any additional information necessary for arms to complete preliminary and periodic background checks as part of the volunteer screening process. I agree to be reliable in my relationship with the student and the school. I agree to limit my contact with the student to the school setting during scheduled times.

Signature \_\_\_\_\_ Date \_\_\_\_\_

|                                       |                                 |   |  |
|---------------------------------------|---------------------------------|---|--|
| <b>Volunteer Preferences</b>          |                                 | Please fill in your preferences you would most like to volunteer for. |  |
| Topics/Subject:                       |                                 | Preferred School:   |  |
| Male Student <input type="checkbox"/> | Female <input type="checkbox"/> | Either <input type="checkbox"/>                                       | I prefer mail to be sent to my Home <input type="checkbox"/> Office <input type="checkbox"/> |
| Day of week and time of day preferred |                                 | Time of Day   |  |

Please send or fax Volunteer Form to:

✉ Email questions or comments to: [middleburyarms@aol.com](mailto:middleburyarms@aol.com)

Mark Snider @ Northridge Middle School -- 56691 Northridge Drive -- Middlebury, IN 46540

Fax -- (574) 825-9154