

# 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)

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Fax -- (574) 825-9154