



Group Volunteer Application The Arc Jacksonville

The Arc Jacksonville Volunteer Application

Group Name _____ Primary Contact (Name & Phone) _____

Social Networking Link (Facebook, Myspace, Website): _____

Organization Address: _____

Primary Contact Email address: _____

Emergency Contact: _____ Relationship to Group: _____

Emergency contact telephone number(s): _____

Area of Specific Interest (please highlight all that apply): Internal Office Staff, Exterior Landscaping, Group Home Activities, Club Arc, Production Facilities, Donation Acquisition, Corporate Sponsor Marketing, Networking

Other: _____

Primary Organization: _____

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours available: _____ Total hours per week: _____

Can you be "on call" for special projects? _____

Your talents, interests, skills and/or hobbies: _____

How did you hear about us? _____

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