



200 West Broadway  
Farmington, New Mexico 87401  
Office & Fax: 505-325-8998  
Store: 505-326-6303  
[www.arcsanjuancounty.org](http://www.arcsanjuancounty.org)

## VOLUNTEER APPLICATION

All information provided below will be kept confidential. Please type or print.

**CONTACT INFORMATION:**

Today's Date					
First Name		Last Name			
Address				Suite/Unit	
City		State		Zip Code	
Home Phone		Cell Phone			
May we call you?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, please use discretion <input type="checkbox"/> No				
Birth Date		Email			
Emergency Contact Name		Phone Number			

**INTERESTS:**

Please tell us which areas you are interested in volunteering (please see attached volunteer opportunities):

How did you learn about the Arc? \_\_\_\_\_

Do you know what the Arc of San Juan County Mission is? \_\_\_\_\_

What skills or special knowledge do you have that will benefit the Arc of San Juan County?  
\_\_\_\_\_

What tasks would you least like to do when you volunteer at the Arc of San Juan County?  
\_\_\_\_\_

**AVAILABILITY:**

<b>Weekdays:</b>	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
<b>Weekends:</b>	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
<b>Employed:</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Retired
<b>Student:</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
<b>How often would you like to volunteer with Shanti OC:</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Special Events <input type="checkbox"/> Whenever needed		
	How many hours would you like to volunteer?		
	<input type="checkbox"/> Please contact me to discuss my availability		

**Confidentiality Pledge:**

I understand that in the performance of my job duties as a volunteer of the Arc of San Juan County, I must, in the absence of current specific authorization from the appropriate legal authority, hold the following confidence:

- A. Any personal information about a person who is receiving (or has received) services through The Arc of San Juan County.
- B. Any written medical or personal information in a program participant's or employee's file.
- C. Internal business affairs of the organization (i.e. salaries, policies, and procedures, employee counseling's interpersonal problems, etc.).

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Our Policy:** Confidentiality is of the utmost importance to our clients and must be ensured. Applicants under the age of 18 must have a legal guardian co-sign the Access and Confidentiality Agreement in order to volunteer. Thank you for your interest in volunteering with us at The Arc of San Juan County. Please initial after reading this policy\_\_\_\_\_.

**The Arc of San Juan County works in support of quality of life for people with developmental disabilities and their families. The thrift store is our major fund raiser and a vital link in our professional interchanges between employees and volunteers in the public. We expect employees and volunteers to provide cheerful, courteous, helpful, and respectful assistance, and to represent people with disabilities as respected and valued members of the community.**

*I agree to present myself in a manner consistent with these expectations while officially engaging at the Arc of San Juan County .*

(Volunteer Signed): \_\_\_\_\_

Manager: \_\_\_\_\_

Date: \_\_\_\_\_

RELEASE FROM LIABILITY AND IDEMNITY  
HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_ (PRINT NAME), on my behalf and on behalf of my heirs, personal representatives, successors and assigns hereby release and hold harmless the **Arc of San Juan County** from and against any claim for injury, including death, or loss or damage to my personal property that may be sustained by me from and during the use of the facilities at 200 West Broadway, Farmington NM 87401.

This release extends to any and all claims I have or may have against the released parties, even if such claims result from strict liability or negligence on the part of any or all of the released parties, concerning maintenance or faulty building/tool structure.

I hereby state and represent that

- I fully understand the risks and dangers inherent in volunteering at The Arc;
- I expressly agree to assume the entire risk of any personal injury sustained while volunteering at The Arc.

**IF ANY PROVISION OF THIS WAIVER AND RELEASE SHALL BE DECLARED BY A COURT OF COMPETENT JURISDICTION TO BE INVALID OR UNENFORCEABLE, THE REMAINDER OF THIS WAIVER AND RELEASE SHALL NOT BE AFFECTED THEREBY AND SHALL BE ENFORCED TO THE FULLEST EXTENT PERMITTED BY LAW.**

**BY SIGNING BELOW, I DISCLOSE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN.**

**THIS IS A RELEASE –PLEASE READ BEFORE SIGNING:**

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Bag Check Policy:

I \_\_\_\_\_, understand that as a Volunteer and/or employee, I am subject to a bag/purse check before a shift begins and after a shift has commenced. I understand that the bag check is for security reasons and I know that if I am caught with items not belonging to me from either the Arc Thrift store or from items taken from my fellow volunteers/employees, I will be terminated on the spot. I understand The Arc's zero tolerance theft policy and by signing this I do hereby acknowledge this policy.

(Volunteer *Signed*):

\_\_\_\_\_

Manager:

\_\_\_\_\_

Date:

\_\_\_\_\_