



11300 Lomas Blvd. NE
Albuquerque, NM 87112
Contact: Faylene Wytewa-Alire
ARCA Events Coordinator
Phone: 332-6816

Thank you for your interest in volunteering at ARCA. We are committed to providing a safe, satisfying, and secure working environment for you.

Application Process

Individuals interested in volunteering with ARCA must complete the attached forms and agree to a background check prior to beginning any volunteer assignment. Background checks are completed on all prospective volunteers and done by an independent agency through ARCA. The volunteer profile provides information so that a compatible match is made between the volunteer and programming needs. If at anytime there are any concerns regarding volunteering contact Faylene Wytewa-Alire.

Volunteer Opportunities:

Details listing some of volunteer opportunities are not all inclusive. If you have questions regarding this application please contact Faylene Wytewa-Alire. Prospective volunteers will be interviewed to get more details and make sure you are properly matched with volunteer site.

Special Events: ARCA has several special events throughout the year; ARCA's Summer Camp in early August, Annual Bowl-a-thon, a variety of holiday events, to name a few. These events are seasonal and commitment to volunteer will depend on when the events occur.

Housing Support (Maintenance and Grounds): ARCA has property throughout Albuquerque and ARCA's Property Department have on-going projects that they need assistance with such as yard maintenance, redecorating, remodeling, and gardening needs. Volunteers needed: some weekends, most weekdays.

Office Support: Occasionally we need assistance with clerical supports. Basic skills like filing, alphabetizing documents, working on the computer programs such as Word, Excel, Publisher and Adobe are required. Volunteers needed: usually Monday thru Friday 8am-5:00pm.

Internships: If you are a student we offer Internships depending on your area of education. Scheduling, support, supervision and evaluation provided by designee of the department where internship support occurs.

ARCA Organics/La Paloma Greenhouse: This site is located in Corrales. Volunteers can assist adults with developmental disabilities grow organic wheatgrass, as well as organic fruits and vegetables. These are then harvested and sold to the community. Volunteers needed weekdays, 9am-2:00pm; occasionally some weekends.

ARCA's Literacy Project: This site is located at our 4th Street location. ARCA's Literacy Project assists individuals with developmental disabilities engage in customized on-line learning in variety of subjects in a computer lab with supports from trained tutors. Volunteers needed weekdays, 10am-2:00pm. No weekends.

Health and Wellness Institute: Co-teach with a trained instructor to help adults with developmental disabilities learn how the body works, how to make healthy choices, and how to promote fitness in a safe and encouraging environment. Volunteers are needed to co-teach or do assessments. Volunteer hours depend on the needs of the students in the health and wellness classes.

ACES Little Theatre Group: Help write stage plays and help organize practices of those plays and develop stage sets. Usually weekdays, 10am-2:00pm.

Benefits

The biggest benefit you will get from volunteering with ARCA is the satisfaction that you are making a difference and enhancing the lives of individuals who receive services from ARCA.

Orientation/Training

The Special Events Coordinator or the InterCare Director and the staff designee in the department will provide orientation and training where the individual will volunteer. You will also have an option of attending training to learn more about ARCA's mission.



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2010 Volunteer Application

Date of Application: _____

Name: _____ 18 or over? Yes No

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

How did you learn about ARCA? _____

Current Employer (if applicable): _____ Phone: _____

Does your employer do matching contributions for volunteer hours? Yes No Don't Know

REFERENCES:

Please list two local references, other than relatives or housemates and a daytime telephone number for each of them.

1. Name: _____ Phone #: _____ Best time to call: _____

2. Name: _____ Phone #: _____ Best time to call: _____

Have you ever been convicted of a crime? Yes No A conviction record will not necessarily bar volunteer status. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law.

Emergency Contact: _____ Phone #: _____

Name

Relationship

Availability:

How often are you available? More than once a week Once a week Every other week

Check days of the week you are available and circle AM or PM:

Monday AM or PM ▼ Tuesday AM or PM ▼ Wednesday AM or PM ▼ Thursday AM or PM

▼ Friday AM or PM ▼ Saturday AM or PM ▼ Sunday AM or PM

List your experience if any, with people with mental retardation/developmental disabilities:

(Please be specific with the name of agency, if applicable, and time frame, etc.)

Volunteer Interests

Please check areas of interest. Note this is not all inclusive; there are other areas of activities and will be posted on our website as they arise. Please check our website at www.ARCAOpeningDoors.org to view current volunteer activities.

Special Events	Housing Support	Office Support	ARCA Organics/ La Paloma Greenhouse	Literacy Project
ARCA Camp <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Filing <input type="checkbox"/>	Gardening <input type="checkbox"/>	Reading <input type="checkbox"/>
Bowl-a-thon <input type="checkbox"/>	Landscaping <input type="checkbox"/>	IT <input type="checkbox"/>	Landscaping <input type="checkbox"/>	Computer <input type="checkbox"/>
Holiday Events <input type="checkbox"/>	Painting <input type="checkbox"/>	General office Support <input type="checkbox"/>	Other <input type="checkbox"/> Specify in box	Other <input type="checkbox"/> Specify in box
Internship -indicate which school	Health and Wellness Institute	ACES Little Theater Group	Other:	
CNM <input type="checkbox"/>	Co-teach <input type="checkbox"/>	Help write scripts <input type="checkbox"/>		
UNM <input type="checkbox"/>	Assessments <input type="checkbox"/>	Assist w/ rehearsals <input type="checkbox"/>		
Local High school <input type="checkbox"/>		Build props <input type="checkbox"/>		
Which High School?				

Skills:

Computer? Yes No

If yes: Microsoft Office Spreadsheets Donor Software Data Entry Desktop Publishing
 Other: _____

Languages spoken other than English? _____

Describe any previous volunteer experience: _____

Education or special training: _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this volunteer application as may be necessary for volunteer participation. I understand that this application is not intended to be a contract of employment. In the event of becoming an ARCA volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by the ARCA Volunteer Agreement, **Statement of Responsibility and Waiver of Liability (to be given upon approval status), and undergo a **background check.

Signature of Applicant

Date

**AUTHORIZATION FOR RELEASE OF INFORMATION
CONSUMER REPORT CONSENT (Volunteer)**

I, _____, acknowledge that ARCA (Company) with whom I am a volunteer, or to whom I have submitted a volunteer application, has advised me that the information requested below concerning my background is required to assist the Company in making a volunteer determination. The information developed and this document also may be used in determining my qualifications for future assignments and/or retention

I hereby authorize the Company, its agents, or designated representatives bearing this document, or a copy hereof, to obtain information relating to my education, credit, employment, and criminal history background from any law enforcement, criminal justice, or other government agencies, employers, ex-employers, and individual persons. Any, and all, agencies, organizations, institutions, government bodies, companies or individuals are released from any liability for providing this information.

Furthermore, I hereby release any individual of the Company to include, but not limited to, record custodians, directors, agents, employees or any other authorized representatives of the Company from any, and all, liability for damages of whatever kind and nature, which may, at any time, accrue to me on account of (1) reliance by such persons on the information submitted in my volunteer application, (2) reliance by such persons on the information obtained pursuant to this authorization, (3) compliance with, or an attempts to comply with, this authorization, and (4) termination of my volunteer status, if commenced, based upon information developed pursuant to this authorization.

I hereby certify that all statement and answers set forth on my application are true and complete to the best of my knowledge, and I understand that subsequent to volunteering, if any such statements and/or answers are found false or that information has been intentionally omitted, such false statements or omissions will be just cause for termination of my volunteer status.

I hereby acknowledge that I have read and understand the Federal Fair Credit Reporting Act Consumer Report Disclosure regarding the obtaining of a Consumer Report about me from a Consumer Reporting Agency. I hereby authorize the Company to obtain Consumer Reports from Consumer Reporting Agencies to aid in its determination of whether to utilize me as a volunteer. I understand that I have certain rights under the Fair Credit Reporting Act, as disclosed in the Disclosure, and that I can receive further information regarding my rights by contacting the Federal Trade Commission.

I hereby certify that I have read and understand the foregoing.

Volunteer Name (Please print): _____ Date of Birth: _____

Social Security #: _____ Phone: _____

Address: _____

Last Address: _____
Street/PO Box City State Zip

Other states you have lived in (please include the city as well):

City State City State City State

Signature: _____ Date: _____

OFFICE USE ONLY

State _____

1() 2() 3() 4() _____ 5() 6() _____ 7() License # _____

8() _____ 9() _____ 10() _____ 11() 12() 13() _____

14() _____