

Volunteer Application Yes, I want to volunteer!

Name:		
Mailing Address:		
E-mail Address:	Phone 1	Number:
Date of Birth:	Social Security Number:	
Areas of Interest (check all that ap	oply):	
☐ Serve on a planning committee for	the following fundrais	sers:
□Stars of The Arc Celebrity Style Show & Dinner □The Beaumont Buddy Walk		
□The Arc's Capital Campaig	n	
□ Serve on the advisory committee for the following programs:		
☐ Adult Social Club & Dances		□ Autism Support Group
☐ Down Syndrome Family Group		□ Southeast Texas Self Advocates
□ Provide manpower at The Arc's ev	vents.	
□ Chaperone/ provide supervision for consumers at The Arc's activities		
☐ Mentor the parent of a child with a	disability who seeks	emotional support and guidance.
I want to help with these events (cl	neck all that apply):	
□ Arc Adult Social Nights	□ Arc Summer Day Camp	
□ Autism Support Group Events	□ Down Syndrome Family Group Events	
□ The Beaumont Buddy Walk	☐ Stars of The Arc Celebrity Style Show & Dinner	
Please tell us briefly why you want to volunteer for the Arc:		

Applicants must be 16 years of age or older.

By submission of this application, applicants grants permission to The Arc of Greater Beaumont to conduct a criminal background check.

Upon receipt of this application, applicant will be issued a copy of the Arc Volunteer Policy.

Submit Volunteer Application to The Arc of Greater Beaumont:

Email- arcofbmt@arcofbmt.org

Fax- 1-409-515-1129

Mail- The Arc of Greater Beaumont, 4330 Westridge Lane, Beaumont, TX 77706