



## **Application**

Revised 6/20/17

### ***Personal Information***

Name: \_\_\_\_\_  
*Mr./Mrs./Ms. First Last*

Address: \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_ *City State Zip*

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Month and day of birth: \_\_\_\_\_

### ***Employment***

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_ *City State Zip*

Title: \_\_\_\_\_

Duties: \_\_\_\_\_

### ***Educational Background***

Check highest level completed:

- Elementary/Junior High School     Associate/Technical Degree  
 High School/GED     Undergraduate     Graduate

If currently in school: \_\_\_\_\_  
*Name of School Major*

### ***Other Information***

**Young Friends Committee Members are required to attend meetings quarterly. The executive and standing committee members are required to attend meetings the first Monday of every other month. Do you have any commitments that may prohibit you from attending the meetings? (Work, other activities, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

*The mission of the St. Louis Arc is to help people with developmental disabilities and their families by providing a lifetime of high-quality services, family support, and advocacy.*



**What are 2-3 things you would do to improve our existing events and/or ideas you may have about new Young Friends events?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you currently or have been involved in other non-profit organizations?**  Yes  No

**If yes, please state names, positions held and tenure of involvement:** \_\_\_\_\_  
\_\_\_\_\_

**New Young Friends Members are required to join at least one committee upon admittance to the Committee. Please rank the following committees in order of your preference. Please choose 3 (1 for first choice):**

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| ____ Event Planning & Logistics      | ____ Event Marketing                |
| ____ Development & Donor Cultivation | ____ Volunteer & Community Outreach |
| ____ Nominating Chair                |                                     |

**Are you interested in chairing any of these committees?** \_\_\_\_\_

**How did you hear about the Young Friends of the Arc?**  
\_\_\_\_\_

**Which Arc programs interest you and why?** \_\_\_\_\_  
\_\_\_\_\_

**What hobbies, skills, or special interests do you have that may be useful to our programs?** \_\_\_\_\_  
\_\_\_\_\_

**Why do you want to be on the Young Friends of the Arc at the St. Louis Arc?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about the St. Louis Arc?** \_\_\_\_\_  
\_\_\_\_\_

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I certify that all facts and items on this and subsequent forms I complete related to my background service are true, complete and accurate. I understand that any misrepresentation, omission of information, misleading or incomplete data may result in disqualification from consideration or dismissal as a Young Friend. I further release all parties from liability from any damage that may result from furnishing information. I agree to abide by the rules and regulations of the St. Louis Arc.

The St. Louis Arc has my permission to share information on this form with a prospective employer. I understand all information submitted within this form will be held in confidence according to the personnel policies of the St. Louis Arc.

I further understand that completion and submission of this form does not guarantee placement within their volunteer services.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\*Typed name represents signature

**Please email your application to Andrea Bringardner: [abringardner@slarc.org](mailto:abringardner@slarc.org)**

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