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

1177 N. Warson Road ● St. Louis, MO 63132 ● (314) 569-2211 ● www.slarc.org

Young Friends of the St. Louis Arc Application
Revised 6/5/2018

**Personal Information**

Name:

- Mr./Mrs./Ms. ___________________  
  - First ___________________  
  - Last ___________________

Address:

- Street Address ___________________  
  - Apt. # ___________________

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- City ___________________  
  - State ___________________  
  - Zip ___________________

Home: (_____) ___________ - _______________  
Cell: (_____) ___________ - _______________

Email address: ___________________________________________________________________

Month and day of birth: ___________________________________________________________

**Employment**

Employer: ___________________________________________  
Phone: (_____) ___________ - _______________

Address:

- Street Address ___________________  
  - Apt. # ___________________

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- 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 Board 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.)

________________________________________________________________________________

________________________________________________________________________________
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:

__________________________________________________________________________________________

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?

__________________________________________________________________________________________

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 Tessa Klassen: tklassen@slarc.org