



**The Arc of Cass County**  
**215 North University Drive**  
**Fargo, ND 58102**  
**(701) 293-8191**

FOR OFFICE USE ONLY:

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

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

Accepted or denied (circle)

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

Individual: \_\_\_\_\_

The Arc of Cass County: Arc Buddies  
Attn: Jani Heringer- Program Coordinator  
215 N. University Dr.  
Fargo, ND 58102

### Volunteer Application

**Personal information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Male/Female (please circle)

Marital Status: \_\_\_\_\_ Dependents: \_\_\_\_\_ Religious affiliation \_\_\_\_\_

Education: \_\_\_\_\_

Times available to meet with your Buddy: \_\_\_\_\_

Do you have experience with people with developmental disabilities? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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

Why are you interested in becoming a Buddy to a person with a developmental disability? \_\_\_\_\_

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Please list any special skills, interests or hobbies: \_\_\_\_\_

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**Employment:**

Are you presently employed? Yes/No \_\_\_\_\_ How long? \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work schedule: \_\_\_\_\_ Business phone: \_\_\_\_\_

May we contact you at work? Yes/No

Other past employment: (briefly explain past jobs and length of employment at each) \_\_\_\_\_

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**Volunteer Information:** (please list any volunteer experiences)

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Type of work: \_\_\_\_\_ Length of volunteer ship: \_\_\_\_\_

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**Driver's Information:**

Do you have a driver's license? \_\_\_\_\_ Driver's license # and state of issues: \_\_\_\_\_

Do you have a car? \_\_\_\_\_ Do you have car insurance? \_\_\_\_\_

Car insurance company and policy #: \_\_\_\_\_

**Buddy preferences:**

- 1. Male Female No preference
- 2. 12-19 Yrs 20-39 Yrs 40-59 Yrs 60+ No Preference
- 3. Mild Disability Moderate disability Severe disability No Preference
- 4. Smoker Non-smoker No Preference

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**References:**

Please list **five** character references.

List people who have known you for at least **one year** and include **one family member** and **one employer or teacher**.  
**Please provide complete mailing addresses.**

Name:	Relationship:	Agency:	Address:	Phone:
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

By signing below I acknowledge that everything in this application is correct to the best of my knowledge. I understand that this application will be retained by The Arc of Cass County.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)