



*NOTE:  
In the event that volunteers would have direct contact with individuals served by The Arc, then The Arc will be required to perform background checks.*

## ORGANIZATION VOLUNTEER AGREEMENT

Last Name:	First Name:	Group Name:
Organization:		
Organization Address:		Phone:
e-mail Address (work or personal):		

In case of an emergency, who should we contact?

Name & Relationship:	Phone:
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How did you hear about this volunteer opportunity?

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Please provide the names (first & last) of all the volunteers in your group:


Authorization to Release Information:

On behalf of \_\_\_\_\_ I authorize The Arc of the Quad Cities Area to use, reproduce and/or publish image(s), likenesses without compensation. I understand that this material could be used in The Arc's publications.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I agree to The Arc of the Quad Cities Area's commitment to confidentiality. I am not authorized to take pictures of individuals served by The Arc and will follow confidentiality policies and procedures. If for some reason, these policies cannot be followed, The Arc reserved the right to terminate this agreement.

I recognize this is a voluntary assignment with no compensation. I hold harmless The Arc of the Quad Cities Area from any injury sustained in my volunteer assignment.

PLEASE READ: The confidential information on this form will help determine the most satisfying and appropriate volunteer service for you. This form does not commit you to volunteering for The Arc of the Quad Cities Area

I CERTIFY THAT TO THE BEST OF MY ABILITY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

*Please return form to Suzy White, whites@arcqca.org or 4016 9th Street, Rock Island, IL 61201*