

**Arkansas Regional Organ Recovery Agency
Volunteer Application**

Please Print

Contact Information

Last Name First Name M.I.

Select all that apply: Donor Family Member Recipient Living Donor Recipient Family Member

Current Address Apartment./Unit #

City State Zip Code

Telephone Number Alternate Tel. No.

Email Address

Please select your preferred method of contact: Phone Call Text Email

In the event of an emergency, please list the person you would want notified

Emergency Contact Name Phone No. Relationship

Volunteer Availability

Please check your availability below

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Education/Experience

Have you ever volunteered or worked with ARORA before? Yes No

If yes, when and where

Why would you like to volunteer with ARORA?

Education/Special Training Highest Education Level Completed

Language(s) spoken

Education/Experience

Volunteer Position Agency Date

Volunteer Position Agency Date

Previous Work Experience Dates Position Title

Name & Address of Employer

Supervisor May we contact them? Yes No

Previous Work Experience Dates Position Title

Name & Address of Employer

Supervisor

May we contact them

Yes

No

References

List three people, other than relatives, who would be willing to serve as personal references.

Name

Telephone Number

Street Address

City

State

Zip Code

Email Address

Name

Telephone Number

Street Address

City

State

Zip Code

Email Address

Name

Telephone Number

Street Address

City

State

Zip Code

Email Address

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any details is grounds for disqualification from further consideration, or for dismissal, in accordance with ARORA policy. I agree to conform to the rules and regulations of the organization, and understand that my volunteer service can be terminated, with or without cause, and with or without notice, at any time at the option of either the organization or myself.

I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information.

I grant permission for my image, picture and/or likeness to be used in ARORA's promotional and educational materials, unless I present a written objection to the Volunteer Coordinator.

I hereby authorize Arkansas Regional Organ Recovery Agency to contact any company, person, or educational institution I listed as a reference on this application. I hereby release ARORA and its agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Signature

Today's Date