

Non-Paid Staff Application

337 Stephens Ave, Missoula MT 59801
406.728.7682 volunteer@MissoulaAgingServices.org

While we make every effort to match the skills of the volunteer to the needs of the programs or agencies requesting the assistance of volunteers, we cannot guarantee placements. All qualified applicants will receive consideration for placement without regard to race, religion, color, sex, age, sexual orientation, national origin, marital status, disability or other legally protected status.

Date of Application: _____

Last Name: _____ **First Name:** _____ **Middle:** _____
(Please Print)

Street Address: (required) _____
Street Apt# City State Zip Code

Mailing Address: _____
(If different from street address) Street Apt# City State Zip Code

Telephone Numbers: Home: _____ **Cell:** _____

E-Mail Address: _____ @ _____

Date of Birth: ____ / ____ / ____ **Driver's License Number:** _____

Auto Insurance Company: _____

Please briefly list the following in the spaces provided:

Employment History:

Volunteer Experience:

How were you referred to Missoula Aging Services for volunteer opportunities?

- Word of Mouth Telephone Book Newspaper Radio/TV Poster/Flyer Drop in Visit
 Website Other _____

Please list two professional references (name and phone) who are not related to you, but are familiar with your work either paid or non-paid, whom we may contact. (As a courtesy, be sure to inform your references that we will be contacting them).

1. _____

2. _____

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant)

Emergency Contact: _____ **Rel:** _____

Address: _____ **Phone:** _____

I am available to volunteer: Monday Tuesday Wednesday Thursday Friday Mornings Afternoons

I would like to volunteer for this specific program: _____

Certification of Information and Confidentiality Agreement

I certify that the information provided on this application is true to the best of my knowledge. I understand that any misinformation or material omission could result in unfavorable consideration or immediate dismissal. I allow release of this information for verification and evaluation purposes, which may include a background check and release of driving record. I authorize contact of my personal references for verification and evaluation purposes. If I am using my own vehicle, I agree to provide insurance as per Montana State law. I understand volunteers' photographs may be used for publicity for news purposes. I agree not to hold Missoula Aging Services, or any of its programs, liable for any incident or accident that may occur while performing a volunteer service.

Missoula Aging Services values the protection of confidential information concerning clients, caregivers, volunteers and co-workers. It is the obligation of every employee, student/work study, and volunteer staff member to maintain this confidentiality.

When working with MAS, non-paid staff will not discuss or otherwise divulge any information concerning any client, customer or fellow staff member of Missoula Aging Services except on a need to know basis for the benefit of the client, customer or fellow staff member.

When working with other organizations, non-paid staff will not provide proprietary information to any outside organization or individual, unless authorized by management, client, customer or staff member or necessary in the performance of their duties. This includes computer generated forms or any other generated information of any sort.

Care will be taken at all times to see that case folders and other confidential information are secure and not accessible to others.

I have read and agree to adhere to the conditions of this confidentiality agreement. I also acknowledge that any breach of confidentiality may result in disciplinary action up to and including termination.

Signature: _____ **Date:** _____

This information is ONLY NEEDED from volunteers in the Foster Grandparent, Senior Companion and RSVP Programs. *Placement with these programs includes free excess liability insurance coverage.*

Insurance Beneficiary: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** () _____

OPTIONAL

Ethnic/racial identification and veteran status:

- Hispanic/Latino American Indian/Alaskan Native Asian African American Native Hawaiian/Pacific Islander
 Caucasian Veteran

The Missoula Senior Service Corps is subject to governmental recordkeeping and reporting requirements. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential.