

### Non-Paid Staff Application

*While we make every effort to match the skills of the volunteer to the needs of the agencies or programs requesting the assistance of volunteers, we cannot guarantee placements.*

**Date of Application:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_  
(Please Print)

**Address:**

\_\_\_\_\_

Street                      Apt#                      City                      State                      Zip Code

**Telephone Number:**      **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ @ \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**US Citizenship:**  Yes  No    If no, **Registration #** \_\_\_\_\_

Please briefly list the following in the spaces provided:

Your Employment Experience	Your Volunteer Experience	Areas of Study/Education
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

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

- Word of Mouth       Telephone Book       Newspaper       Radio/TV       Poster/Flyer  
 Drop in Visit       Service Site       Website       Other \_\_\_\_\_

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

**Languages Spoken:**  English  Spanish  Hmong  Belarus  Other \_\_\_\_\_



**This information is ONLY needed from volunteers applying to the Foster Grandparent, Senior Companion, Meals On Wheels and RSVP Programs:**

**Auto Insurance Company:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Certification of Information and Confidentiality Agreement**

I hereby 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. 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 or 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, paid and 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, paid or non-paid staff may 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:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**OPTIONAL ethnic/racial identification:**

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

The Missoula Senior Service Corps is subject to certain governmental recordkeeping and reporting requirements. In order to comply, MAS invites volunteers to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is confidential and will only be used in accordance with the provisions of applicable laws, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify a specific individual