

1505 Avenue D
Billings, MT 59102
(406) 245-6177
www.allianceyc.org



Volunteer Application

Full Name _____

Street Address _____ City/ST _____ Zip _____

Mailing Address _____ City/ST _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Birth Date ____/____/____

Military Veteran _____ Yes _____ No

Employment History:

Volunteer Experience:

How did you hear about AVP?

- Alliance *Senior News* Alliance *Website* AVP Volunteer
 Radio/TV Billings Gazette/ Area Newspaper
 Senior Center Family/Friend
 Facebook or other social media (*Please Specify*) _____
Other _____

Please describe any current physical/medical limitations that should be considered in selecting your volunteer assignments.

Emergency Contact

Name: _____

Home Phone: _____ Cell Phone _____

Email Address: _____ Relationship: _____

SKILLS & INTERESTS

Check all that apply

EDUCATION

- Library Aide
- Math Tutor
- Reading Tutor
- Foreign Language

HEALTH & NUTRITION

- Blood Delivery
- Community Gardening
- Food Collection / Delivery
- Food Preparation
- Food Service
- Grocery Shopping
- Meals on Wheels Delivery
- Nursing

HUMAN SERVICES

- Companionship Outreach
- RIDES Transportation Program
- Senior Center Only
- Thrift Store Receiving / Sorting
- Thrift Store Sales

MAINTENANCE

- Carpentry / Construction
- Cleaning
- Electronic Repair
- Home Repair
- Home Weatherization

OFFICE/PROFESSIONAL

- Administrative Assistant
- Reception/ Greeter
- Bookkeeping / Accounting
- Committees / Board Work
- Fundraising
- Computer Technology
- Data Entry
- Project Management
- Legal
- Tax Preparation

PUBLIC SAFETY

- Community Policing
- Disaster Preparedness

GENERAL

- Art
- Crocheting / Knitting
- Quilting / Sewing
- Music
 - Voice
 - Instrument _____
- Photography
- Gift Wrapping
- Mass Mailings / Assembly
- Ticket Taker / Usher
- Recycling

SWAT (Seniors With Available Time)

- Immediate and One Time Community Events

TOURISM

- Historian
- Museum Docent
- Museum Archivist
- Visitor Information Center

FITNESS & EXERCISE

- Walking Group

VOLUNTEER ASSIGNMENT PREFERENCE

In order of preference:

1. _____
2. _____
3. _____

LOCATION PREFERENCE

- Billings Downtown
- Billings Heights
- Billings West End
- Laurel
- Shepherd/Huntley
- Worden

Confirmation of Information and Conditions

I confirm that the information I provided on this application is true to the best of my knowledge and I agree to the following conditions. **Please check to signify agreement.**

_____ The Adult Resource Alliance may release any information on this application for verification purposes, which may include a background screening and driving record search if required for my volunteer assignment.

_____ I agree to carry automobile insurance as required by Montana State law if my automobile is used in volunteer service.

_____ My information can be given to Alliance Volunteer Program community partners that have a volunteer opportunity available which I have expressed interest in.

It is a policy of the Adult Resource Alliance not to share our mailing list with any outside entity.

The AVP Volunteer Handbook can be viewed at www.allianceyc.org. A printed copy is available by request.

Adult Resource Alliance Confidentiality Agreement

As an enrolled member of the Alliance Volunteer Program, I understand that I may have access to confidential information, both verbal and written, that pertains to participants, volunteers, staff and the Adult Resource Alliance. I understand that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position. I agree not to discuss these same matters after I have left my volunteer position at the Adult Resource Alliance. I understand that breach of this agreement constitutes grounds for, and may result in, termination of my volunteer status with the Alliance Volunteer Program/Adult Resource Alliance.

I agree not to hold the Adult Resource Alliance or any of its programs liable for any accident or incident that may occur to person or property while performing a volunteer service.

Please sign below to indicate your acceptance and agreement with the terms outlined above.

Applicant Signature _____ Date _____

Beneficiary Information for Supplemental Insurance

Secondary accident medical coverage is provided to individuals who are actively volunteering in the Alliance Volunteer Program.

Insurance Beneficiary _____

Address _____ City/ST _____ Zip _____

Home Phone _____ Cell Phone _____

All qualified applicants will receive consideration for volunteer placement without regard to race, religion, color, sex, age, sexual orientation, marital status, disability, or other legally protected status.

Interview Notes:

Applies to the following program volunteers: Meals on Wheels, RIDES Transportation, Pantry Pals Grocery Delivery, Senior Commodity Delivery.

Driver's License #: _____ Issuing State: _____ DOB: _____

Auto Insurance Company: _____ Agent: _____

Address: _____ City/ST: _____ Exp. Date _____

Primary Phone: _____ Email Address: _____

AVP Only:

AVP Interviewer _____ Date _____

Initial Volunteer Placement _____ Date _____

ARA Background Check Required? ____ Yes ____ No

Program _____

— Date Submitted _____ Date Returned _____

Status: _____

AVP Director _____ Date _____