

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



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## Volunteer Application

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you or a family member ever served in the US Military: \_\_\_\_\_ 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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Billings Downtown | <input type="checkbox"/> Billings Heights | <input type="checkbox"/> Billings West End |
| <input type="checkbox"/> Laurel            | <input type="checkbox"/> Shepherd/Huntley | <input type="checkbox"/> 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](http://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.*

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

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ DOB: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**AVP ONLY**

**Interview Notes:**

AVP Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Initial Volunteer Placement \_\_\_\_\_ Date \_\_\_\_\_

ARA Background Check Required? \_\_\_\_\_ Yes \_\_\_\_\_ No

ARA Background and Motor Vehicle Screen Required ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Program \_\_\_\_\_

Date Submitted \_\_\_\_\_ Date Returned \_\_\_\_\_

Status: \_\_\_\_\_

AVP Director \_\_\_\_\_ Date \_\_\_\_\_