

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



## Volunteer Application

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

Primary Employment History: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

### Interests, Experience, Skills *Check all that apply*

#### HUMAN SERVICES

- ☐ Bookkeeping/Mail Assistance
- ☐ Meals on Wheels Delivery
- ☐ Pantry Pals Grocery Shopping
- ☐ Meal Site Transportation
- ☐ RIDES Senior Transportation
- ☐ Senior Care Coordinator
- ☐ Senior Companionship
- ☐ Blood Pick Up/Delivery

#### MAINTENANCE/UPKEEP

- ☐ Home Repair/Weatherization
- ☐ Lawn & Garden Clean Up
- ☐ Snow Removal

#### I AM MOST INTERESTED IN:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### PROFESSIONAL

- ☐ Accounting /Bookkeeping
- ☐ Board Development
- ☐ Committee Participation
- ☐ Computer Technology
- ☐ Data Entry
- ☐ Electronics Repair
- ☐ Fundraising
- ☐ Office Assistance
- ☐ Policy Development
- ☐ Project Coordination
- ☐ Reception/ Greeter
- ☐ Tax Preparation

#### PETS

- ☐ Animal Lover Support

#### PUBLIC SAFETY

- ☐ Community Policing
- ☐ Disaster Preparedness

#### OTHER

- ☐ Senior Center Assistance
- ☐ Tourism/Visitor Info Center

#### ACTIVITIES OF INTEREST

- ☐ Art
- ☐ Birding
- ☐ Book Club
- ☐ Bowling
- ☐ Crochet/Knitting
- ☐ Dancing
- ☐ Fishing
- ☐ Fitness
- ☐ Gift Wrapping
- ☐ History
- ☐ Music
- ☐ Photography
- ☐ Recycling/Composting
- ☐ Travel
- ☐ Other \_\_\_\_\_

#### HOW DID YOU HEAR?

- ☐ Prime Connections
- ☐ Website
- ☐ Newspaper
- ☐ Facebook
- ☐ AVP Volunteer
- ☐ Family
- ☐ Radio/TV
- ☐ Friend

## SUPPLEMENTAL VOLUNTEER INSURANCE

*Secondary accident medical coverage, including a \$2500 death benefit, is provided at no cost to individuals while actively volunteering in the Alliance Volunteer Program.*

Insurance Beneficiary \_\_\_\_\_

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

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

## EMERGENCY CONTACT

Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## FOR SELECT PROGRAMS ONLY

Information applies to individuals who commit to volunteering in select programs only.  
(Activities Facilitator/Pickle Ball, Bookkeeping Assistance, Chore Corps, Meals on Wheels Delivery, RIDES Transportation, Pantry Pals Grocery Delivery, Senior Commodity Delivery, Senior Medical Patrol, Senior News Delivery.)

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

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

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## ON-LINE APPLICATIONS

Forward AVP on-line applications to [avp@allianceyc.org](mailto:avp@allianceyc.org).

## 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/acknowledgement.**

\_\_\_\_\_ I agree to carry automobile insurance as required by Montana State law when my automobile is used in volunteer service.

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

\_\_\_\_\_ I acknowledge that the AVP Handbook is made available to me as part of the volunteer enrollment process. *The AVP Handbook and Volunteer Manual are available at [allianceyc.org](http://allianceyc.org). or by request.*

\_\_\_\_\_ I acknowledge that only adults, age 21 or older, who are enrolled in the Alliance Volunteer Program may deliver services on behalf of the Adult Resource Alliance.

## 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 \_\_\_\_\_

It is the policy of the Adult Resource Alliance not to share personal information about our volunteers with any outside entity.

*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.*

**AVP Staff 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 \_\_\_\_\_