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Helena, MT 59624-1717  
406-447-1680 office  
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www.rmhc.net

## SENIOR CORPS PROGRAM VOLUNTEER APPLICATION

☐ Foster Grandparent

☐ Senior Companion

Check which program you are applying for:

*Rocky Mountain Development Council, Inc. (Rocky) Senior Corps Programs is an equal opportunity Agency. All qualified candidates will receive consideration for volunteer positions without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Do you need an accommodation to participate in the application or interview process?*

Yes ☐ No ☐

*Please note: depending on the volunteer job you are applying for, these questions on the application may or may not apply to you. For any questions, please contact the Senior Corps Program at 406-457-1680.*

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female  
MM / DD / YYYY

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: \_\_\_\_\_@\_\_\_\_\_

How would you like us to contact you? ☐ Home Phone ☐ Cell Phone ☐ E-Mail ☐ No Preference

Please briefly list the following in the spaces provided:

Employment History:

Volunteer Experience:

What experience do you have either dealing with children, seniors or the disabled?

How were you referred to the Senior Corps Programs for volunteer opportunities?

Please list two references that are not related to you, but are familiar with your work and/or relevant skills, either paid or non-paid, whom we may contact. (As a courtesy, please let them know that we may be contacting them).

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: _____ Phone: _____ Relationship: _____				
Street Address: _____				
Street	Apt#	City	State	Zip Code

Placement with Senior Corps Programs includes free volunteer insurance coverage. As a Senior Corps volunteer, coverage is automatic and free of cost to you as long as you are an active enrolled member of Senior Corps. Coverage includes a small death benefit, excess accident medical, excess volunteer liability and excess automobile liability coverage while performing volunteer duties. This coverage does not apply to any damage to your vehicle – you must maintain your own auto liability coverage at least equal to the state-required minimums.

Please provide a copy of your current auto insurance showing active coverage and driver's license.

Insurance Beneficiary for Senior Corps Supplemental Accident Insurance:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Automobile Insurance Company: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

☐**Initial here for Personal Vehicle Use**

I understand that if I use my personal vehicle in my volunteer services, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Montana. I will also keep in effect a valid driver's license.

☐**Initial here for Certification of Information**

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for volunteer service. With my signature below, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all references and employers to release information they may have about me and I release all persons or companies from any liability or responsibility for providing such information. I understand that I am not an employee of Rocky Senior Corps Programs, the volunteer station or the Federal Government.

☐**Initial here for Certification of Background Check**

I understand that selection into any program is contingent upon successful clearance of the National Sex Offender Public Website and also include a Montana State Criminal History Check and an FBI Finger Print Check. I understand that I am ineligible to work or serve in this position if I decline to complete the application process, if I provide a false statement about any information provided, if I have been convicted of murder or if I am required to be registered as a sex offender.

Have you ever been convicted of a crime? ☐ Yes ☐ No

If "yes" please explain:

☐**Initial here for Certification of Complaints**

I understand it is unlawful to retaliate against any person who, or organization that, files a complaint about discrimination. In addition to filing a complaint against local and state agencies that are responsible for resolving discrimination complaints, I may bring a complaint to the attention of the Corporation for National and Community Service.

☐**Initial here for Image Release**

Voluntarily and without compensation, I give Rocky Senior Corps Program permission to record my image and grant Rocky Senior Corps Program all rights to use these photographs in any medium for educational, promotional, advertising, or other purposes that support the mission of the agency. I release images in any media now known or later developed.

I understand that this may also include use by organizations and entities which provide funding to Rocky Senior Corps Program.

I understand that it is my responsibility to remove myself from the picture taking area and/or inform the photographer if I do not wish to be photographed.

**My signature below acknowledges that I have read and agree to adhere to the initialed conditions listed above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Senior Corps is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (Optional).**

Are you a Veteran? ☐ Yes ☐ No      Are you an active Military Member? ☐ Yes ☐ No  
Are any of your family members actively serving in the military? ☐ Yes ☐ No ☐ Not sure

**OPTIONAL – Ethnic/racial identification**

Rocky Senior Corps Programs 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.

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Caucasian

*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. I understand it is unlawful to retaliate against any person who, or organization that, files a complaint about such discrimination. In addition to filing a complaint against local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of the Corporation for National and Community Service at <https://www.nationalservice.gov/> or 1-800-942-2677 or local office at 406-449-5404.*