



**ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.**  
P.O. Box 1717 | 200 South Cruse Avenue | Helena, MT 59624-1717  
phone: 406.447.1680 | toll free: 800.356.6544 | fax: 406.447.1629

## AMERICORPS SENIORS PROGRAM VOLUNTEER APPLICATION

Check which program you are  
applying for:

☐ Foster Grandparent

☐ Senior Companion

Rocky Mountain Development Council, Inc. (Rocky) AmeriCorps Seniors Programs is an equal opportunity agency. All qualified candidates will receive consideration for volunteer positions without regard to race, color, sex, sexual orientation, pregnancy, religion, age, national origin, genetic information, disability, military status, familial status, political affiliation, or any other characteristic protected by law.

Do you need an accommodation to participate in the application or interview process? ☐ Yes ☐ No

### PLEASE PRINT CLEARLY

Date of  
Application:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street  
Address:

Street Apt# City State Zip Code

Mailing  
Address:

Street Apt# City State Zip Code

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

Email: \_\_\_\_\_

Preferred  
Method of  
Contact:

☐ Home Phone

☐ Cell Phone

☐ Email

☐ No Preference

Date of  
Birth:

MM / DD / YYYY

Sex: ☐ Male ☐ Female

How were you referred to AmeriCorps Seniors Programs for volunteer opportunities?

Briefly describe your employment history:	
Briefly describe your previous volunteer experience:	
Briefly describe your experience working with children, seniors, and/or the disabled:	

**Please list two references that are not related to you, but are familiar with your work and/or relevant skills:**

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

**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Street City State Zip

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

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Placement with AmeriCorps Senior Programs includes free volunteer secondary insurance coverage. As a volunteer, coverage is automatic and free of cost to you as long as you are an active, enrolled member of AmeriCorps Seniors. 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.

☐**Initial here for Certification of Information**

The information that you provided on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for volunteer service. I hereby state that I am 55 years of age or older and offer my services for ROCKY AmeriCorps Seniors Programs. I understand that I am not an employee of AmeriCorps Seniors Programs, ROCKY, the volunteer station or the Federal Government. 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 AmeriCorps Seniors Programs, the volunteer station or the Federal Government.

☐**Initial here for Confidentiality**

I understand that in my capacity as an AmeriCorps Seniors volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.

☐**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 Background Check**

I understand that selection into any program is contingent upon successful clearance of the National Sex Offender Public Website, and also includes 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:

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☐**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 AmeriCorps Seniors Program permission to record my image and grant Rocky AmeriCorps Seniors 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 AmeriCorps Seniors 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:** \_\_\_\_\_

## Voluntary Self-Identification

Rocky AmeriCorps Seniors Programs is subject to governmental recordkeeping and reporting requirements, and is asked to provide demographical information pertaining to volunteer members. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential.

Please provide the following information.

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

Ethnicity: ☐ Hispanic/Latino  
☐ Non-Hispanic/Non-Latino

Racial Group: ☐ African American/Black ☐ Asian/Asian American  
☐ Native American or Alaska Native ☐ Native Hawaiian or Other Pacific Islander  
☐ White/Caucasian ☐ Two or More Races

Disability: ☐ Identify as a member of the Disability community

Please describe: \_\_\_\_\_

☐ Do not identify as a member of the Disability community

*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.*