



PO Box 1717
648 N Jackson Street
Helena, MT 59624-1717
406-447-1680 office
406-447-1629 fax

Senior Companion Volunteer Job Description

Brief Description of the Senior Companion Program and its purpose: The Senior Companion Program brings together volunteers age 55 and over with adults in their community who have difficulty with the simple task of day-to-day living. The program's goal is to maintain the independence of homebound seniors and adults with special needs, allowing them to continue living in their own homes.

Summary of Job: The Senior Companion Program offers income eligible people age 55 and older the opportunity to provide supportive person-to-person services to assist older adults and adults with disabilities remain independent and promote increased quality of life. Senior Companions may also provide much needed respite for families or caregivers who may have the responsibility of 24 hour a care. Senior Companions volunteer a minimum of 15 hours weekly in a variety of settings and may work up to 40 hours per week.

Responsibilities:

- To commit to 15-40 hours of service per week.
- To see assigned clients 4 hours per week.
- Be a good listener and give full attention to the individual being visited.
- To abide by the rules of the volunteer station and the Senior Companion Program.
- To encourage the independence of clients and promote increased quality of life.
- To inform the volunteer station if you are going to be late, absent or unable to work.
- To respect confidentiality of the clients and their family.
- To keep time sheets and mileage reimbursement forms up to date and accurate.
- Complete the required 40 hours training and attend mandatory monthly in-services.
- Provide one-on-one personal support to clients according to the Assignment Plan / Letter of Agreement for In-Home Assignment.
- To use the most effective methods of communication with supervisors, clients and client's families, if applicable.

Qualifications:

- Interest in helping others.
- Ability and willingness to take direction from supervisor.
- Relate comfortably with people without regard to race, religion, color, national origin, sex, disability, or age.
- Enrollment is contingent upon the ability to be successfully matched with a station.
- Professionalism: Approaches others in a tactful manner; reacts well under pressure; accepts responsibility for own actions; follows through on commitments; treats others with respect and consideration regardless of their status or position.
- FBI Fingerprints, Criminal, Sex Offender and background checks required.

(continued on back)



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Requirements for the job:

- Current Driver's License or willingness to use public transportation.
- Current automobile insurance.
- Requires moderate physical activity to stand, walk, sit, bend, climb or balance.
- Use of arms, hands and fingers; to feel and reach.
- Independently transport to and from your client's home.
- Maneuver around furniture, and things on the floor.
- Ability to communicate reasonable accommodations to a supervisor. Ex: stairs to climb
- Ability to see, hear and speak in normal situations.

Reasonable Accommodations

RMDC, Inc. Senior Corps Programs is committed to providing reasonable accommodations to employees or non-paid staff applicants with disabilities, in accordance with federal and state law. A reasonable accommodation enables a qualified individual with a disability equal opportunity to provide the same level of performance, enjoy equal benefits, and receive equal privileges as a member who does not have a disability. Disclosure can happen from an informal conversation to a formal written request for an accommodation. It can also happen at any time during the term of service, from the interview, to months after you begin serving.

Benefits:

- Tax-free stipend and mileage reimbursement.
- Yearly physical paid by RMDC, Inc. Senior Corps Programs.
- Ongoing in-service.
- Paid personal leave - encompasses vacation and sick time.
- Paid holidays (10 per year).
- Insurance: excess accident, automobile liability and medical coverage while at volunteer assignments.
- Appreciation from RMDC, Inc. Senior Corps Programs.

Within the range of 15-40 hours per week, approximately how many hours do you wish to serve? _____

I have read the above Senior Companion volunteer job description and agree to perform these responsibilities.

Signature: _____ Date: _____



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SENIOR CORPS PROGRAM VOLUNTEER APPLICATION

Foster Grandparent

Check which program you are applying for:

Senior Companion

RMDC, Inc 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: ____/____/____
 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 RMDC, Inc. 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 RMDC, Inc. Senior Corps Program permission to record my image and grant RMDC, Inc. 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 RMDC, Inc. 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

RMDC, Inc. 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.



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Annual Income Review

RMDC, Inc. Senior Corps is required to make a yearly income check on all Foster Grandparent and Senior Companion volunteers receiving a stipend. Please fill out the form as completely as you can, listing all sources of **gross** income (before taxes) (you do not report the stipend). Be as accurate as possible. This information is kept confidential. Questions, call 406-457-1680. **See backside for more instructions.**

Volunteer Name: _____

(please print)

Address: _____

Telephone: _____

Number of dependents living in your home: _____ Your marital status: _____

If married, you must count your spouse's income and their medical deductions.

INCOME SOURCES AND AMOUNTS: please see the "NOTE" on the back of this page before completing

Social Security Benefits per month \$ _____ per year \$ _____

Social Security Benefits per month \$ _____ (spouse) per year _____

Annuity income per year _____

Pension income per year _____

Pension income (spouse)..... per year _____

Rent received from real estate per year _____

Interest received per year _____

Stocks/Bonds income per year _____

Other income per year _____

TOTAL INCOME FOR PAST YEAR \$ _____

LESS Insurance/Medical expenses for past year (see back) - \$ _____

INCOME BALANCE = \$

Volunteer Signature _____ **Date** _____



Program Coordinator Signature _____ Date of Review _____



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Foster Grandparent and Senior Companion Income Eligibility

Note: For volunteers currently serving, annual GROSS INCOME (before taxes) is to be counted for the past 12 months from January –December. Eligibility is verified yearly. The eligibility guidelines can be made available by the Foster Grandparent or Senior Companion Coordinator. Stipend is not reported on the form as income. For volunteers new to service please report on income you expect to make for the next year: ie. if you are applying in June please report from June of the current year through May of the following year.

Have you considered these deductions?

As you begin to consider the items that may be deducted from your income, please use the following list as a guide to assist you in remembering to include everything.

- Medical Expenses (the amount of your medical out-of-pocket expenses) Hospital and Outpatient services (surgeries, emergency care), Physician exams, Durable medical equipment (canes, wheelchairs, braces, walkers, etc.), Vaccinations (flu, pneumonia, Hepatitis B, etc.), Diabetic care (foot care, glucose monitors, lancets, test strips, etc.), Mammograms, Pap Smears, Pelvic Exams, Medical testing, Cancer care (screening, medications, treatments, radiation therapy, etc.), Transplants (dialysis, heart monitors, etc.), Colonoscopy and other medical expenses.
- Medical prescriptions
- Medical insurance premiums
- Clinical Laboratory Services (blood tests, urinalysis, etc)
- Dentures, dental care (exams, checkups, cleaning, fillings, crowns, braces etc.)
- Hearing aids (exams, equipment, etc.)
- Eye glass prescriptions and associated expenses such as eye surgeries (cataract, medications, equipment, laser treatments, etc.) and medications
- Orthopedic shoes
- Therapy (physical therapy, occupational therapy, speech/language therapy)
- Counseling (mental/emotional/physical health and well-being) & Medical/Health related classes (dietary, diabetic self-care training, etc.)
- Home health services, Acupuncture, Chiropractor, Podiatrists.

If any items are in question or not listed but you feel would apply, please call RMDC, Inc. Senior Corps at 406-457-1680 to inquire.



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EMERGENCY CONTACT INFORMATION

Please provide the following information so that we may contact family or friends in case of an emergency.

Senior Companion Name _____ Date _____

Emergency Contact 1:

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact 2:

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____



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CONFIDENTIALITY AGREEMENT

RMDC, Inc. Senior Corps Programs values the protection of confidential information. Volunteers will not discuss or otherwise divulge any information concerning a client/client family, student/student family, caregiver, peers, volunteer station staff and others whom they interact with as a volunteer except on a need-to-know basis for the benefit of the client/student or volunteer station staff. Examples of the need-to-know basis are:

- When the adult aged client gives permission (only share the information that is absolutely necessary and check with the volunteer station manager beforehand).
- When the client/student is in a life-threatening situation.
- When the volunteer suspects a client/student is being abused/neglected (Foster Grandparents & Senior Companions are designated mandatory reporters by law and are required to report suspected abuse).

Violation of confidentiality includes any information given without the volunteer station supervisor and individuals' permission. This includes all forms of correspondence including but not limited to Facebook and other Social Media sites. It may be difficult to resist relaying information to others. Particularly if you believe that sharing it would be in the person's/volunteer station best interest or if you feel there is no harm intended in the information you share. Despite what your personal beliefs are, you must respect confidentiality. Please remember, these relationships and all the information you learn in the relationship, is considered confidential.

If the Foster Grandparent Program, Senior Companion Program or your volunteer station has site meetings, much information is exchanged and overheard that all volunteers are expected to keep confidential. This includes monthly in-services. As volunteers, you must use a common sense approach to deciding what needs to be shared in the group versus a private meeting. If you are ever in doubt, please ask the volunteer station or call the Senior Corps staff and we will direct you as to how to proceed.

Volunteers will be required to sign the Confidentiality Agreement upon enrollment and annually each year. **Disregard for confidentiality may be cause for dismissal from service.** Questions? Call RMDC, Inc. Senior Corps staff at 406-457-1680.

Signature: _____ Date: _____



Rocky Mountain Development Council, Inc. Photo Release

I authorize RMDC to use my photograph to further their mission of providing human and social services that promote self-sufficiency and quality of life for individuals and families of all ages in Lewis & Clark, Broadwater, and Jefferson Counties.

I understand that my photograph may be used in a variety of promotional materials, including but not limited to: RMDC's website, social media accounts, advertisements, posters, newsletters, reports, and other digital and print communications.

Name: _____ (Please print.)

Address: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____

Please note: the contact information you provide will NOT be used in any way other than to contact you regarding the use of photographs. All information is confidential and will not be shared with any outside party or organization.

Please contact RMDC with any questions.

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**Rocky Mountain Development Council, Inc.
 Senior Corps Program
 Permission to Conduct Montana Public Criminal History & National Sex Offender History**

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Social Security Number: _____

In accordance with the Senior Corps Program Personnel Policies and Procedures, I hereby give permission to perform a Montana Public Criminal History and National Sex Offender History background check.

I understand that this procedure is necessary and a condition of employment in order to work with the Senior Corps Programs.

Signature: _____ Date: _____

Witness: _____ Date: _____
 (Someone **not** related to you)

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by Rocky Mountain Development Council, Inc. Senior Corps Programs that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name

Date

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

NCPA/VCA Applicants

To _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to Rocky Mountain Development Council, Inc. Senior Corps Programs for the position of (please be specific) _____.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act(VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

1. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
2. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: _____

First Middle Maiden Last

Date of Birth: _____

Address: _____

City State Zip

- I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:
- I have not been convicted of, nor am I under pending indictment for, any crimes
- I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to Rocky Mountain Development Council, Inc. Senior Corps Programs

Signature of Applicant

Date



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Rocky Mountain Development Council to initiate automatic deposits to my account at the financial institution named below. I also authorize Rocky Mountain Development Council to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Rocky Mountain Development Council responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Rocky Mountain Development Council receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Human Resource Office.

Account Information

Account #1:

Name of Financial Institution: _____

Bank Routing Number: _____ Checking Savings

Account Number: _____

Deposit Entire Net Pay Or Remaining Net Pay After Deposit in Account #2:

Authorized Signature: _____ Date: _____

Account #2:

Name of Financial Institution: _____

Bank Routing Number: _____ Checking Savings

Account Number: _____

Deposit Partial Net Pay: \$ _____ % _____

Authorized Signature: _____ Date: _____

Attach a voided check for each account and return this form to the Human Resource Office.