



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

VOLUNTEER APPLICATION

Rocky Mountain Development Council, Inc. (Rocky) 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

For any questions, please contact Claire at 406-457-7376.

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:

Past Volunteer Experience:

How did you find out about volunteer opportunities at Rocky?

Are there specific volunteer opportunities you have heard about that you are interested or are there certain skills you would like to put to use?

Please tell us about your availability

Days/Hours Available: Mon Tues Wed Thu Fri
Mornings Afternoons

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: _____

Have you ever been convicted of a criminal offense?

- No
- Yes (Checking yes is not necessarily a bar to volunteering.)

If you checked "yes" to being convicted of a criminal offense, on a separate sheet please attach an explanation. (i.e. explanation of charges, date of offense, place of the offense, status of charges etc.).

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.

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 may also include a Criminal Background check and/or FBI Finger Print Check and/or Motor Vehicle Record 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.

Initial here for Image Release

Voluntarily and without compensation, I give Rocky permission to record my image and grant Rocky, 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.

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 (or below if applicable).

Signature: _____ Date: _____

Please note: If you are 55 or older and interested in volunteering with Rocky's AmeriCorps Seniors Programs - Foster Grandparent Program, Senior Companion Program or Retired Senior Volunteer Program (RSVP), please complete the following section. Otherwise, your application is now considered complete and a Volunteer Coordinator will be in touch with you in the coming days. Thank you for taking the time to complete an application!

Please indicate which AmeriCorps Seniors program/s you are interested in.

Foster Grandparent

Senior Companion

RSVP

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 Services. I am aware that contact information is available on Rocky's website.

Initial Here to Certify Eligibility

I hereby state that I am 55 years of age or older and offer my services as a volunteer for the AmeriCorps Seniors Programs. I understand that I am not an employee of the AmeriCorps Seniors Program, the sponsor, the volunteer station, or the Federal Government.

Placement with AmeriCorps Seniors Programs includes free volunteer insurance coverage. As a AmeriCorps Seniors 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.

Insurance Beneficiary for Rocky AmeriCorps Seniors Supplemental Accident Insurance:

Name (other than you): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (_____) _____ - _____

Automobile Insurance Company: _____ Expiration Date: _____

Driver's License #: _____ State: _____ Expiration Date: _____

AmeriCorps Seniors 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

Gender: Male Female

Ethnic/racial identification (Optional).

Rocky AmeriCorps Seniors 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 | <input type="checkbox"/> Alaskan Native |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ | |

Thank you for any information you have provided. Your information is never sold, shared, or used outside Rocky, AmeriCorps Seniors, or the Corporation of National and Community Service.