



TRI-COUNTY RSVP (HELENA)

P.O. Box 1717
Helena, MT 59624-1717
(406) 447-1680

VOLUNTEER APPLICATION

Please print and complete all sections.

Today's Date: _____

Name (Last): _____ (First): _____

Mailing Address: _____

City _____ State: _____ Zip _____

Residence Address: _____

(If different than mailing address above)

City _____ State: _____ Zip _____

Primary Phone :() _____ Alternate Phone :() _____

Email address: _____

County: _____ Your Birthdate: _____

Do You Have Transportation? Yes No

Do You Have a Drivers License? Yes No
(Please provide us with a copy of your license)

Any Physical/Medical Limitations: _____

Emergency Contact: _____ Phone: () _____

Past Occupation: _____

Skills/Interests/Languages: _____

Any Preferred Volunteer Assignment: _____

Days/Hours Available: _____ A.M. or P.M

Would you like to be included on our Special Forces On-Call List? Yes No
(On-Call list are for volunteers who want volunteer opportunities that last 1-5 days, are sporadic in nature and vary in the type of volunteer work offered).

Permission to release information/photo:

I give the Tri-County RSVP Program permission to release my phone number and address to a volunteer site. _____ (please initial)

I give my permission to RSVP to publish and/or use my photograph in marketing/advertisement materials and/or website use: _____ (please initial)

Automobile Liability Insurance:

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state. _____ (please initial)

Confidentiality Clause:

I understand the need for confidentiality in my position as a volunteer with the Retired Senior Volunteer Program and I -

- Will treat all program required, privileged, or personal information about clients served, other volunteers or workstation responsibilities as confidential information
- Will not divulge any information about any recipient of services provided by a Volunteer Station
- Will, if necessary, share confidential information only with the volunteer’s immediate supervisor.

Beneficiary Information for RSVP Supplemental Accident Insurance:

Name: _____ Relationship: _____

Address: _____ Phone: () _____

I volunteer my services to a RSVP Station(s). I agree that -

- I am not an employee of that Station(s), or RSVP or of Rocky Mountain Development Council Inc.
- I am insured through the volunteer insurance provided to me through RSVP and I am not eligible for Worker’s Compensation.
- RSVP does not perform criminal background checks on its volunteers. If a RSVP Station asks for a criminal background check on a volunteer, they are responsible for requesting and purchasing the report(s) after acquiring an authorization for release of information from the volunteer
- Grant funds are not to be used to finance labor or anti-labor organizations or related activity
- I have personally filled out all of the information in this volunteer enrollment form to the best of my ability, reviewed and understand it.

Signature of Volunteer Applicant

Date

Signature of RSVP Coordinator

Date (Approved Enrollment Date)

**VOLUNTARY DISCOLSURE
FORM**

This information will be used by the sponsor for statistical purposes only. It will only be used in the aggregate, and will not be compiled or disseminated in ways that will identify the individuals. This information will not be used in evaluating assignments or placements. Completion of this section is strictly voluntary.

Print Name: _____

Male Female

Race: [] Native American/Alaskan

[] Asian or Pacific

[] Black-Not Hispanic

[] Hispanic

Ethnic Codes: [] Hispanic/Latino

[] Non-Hispanic/Latino

[] Other

[] Unknown

[] White-Hispanic

Veteran: [] Yes [] No

Disabled [] Yes [] No

Signature _____ Date _____