

1505 Avenue D
Billings, MT 59102
(406) 245-6177
allianceyc.org
avp@allianceyc.org



Volunteer Application

Name _____

Street Address _____ City/ST _____ Zip _____

Mailing Address _____ City/ST _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Birth Date ____/____/____

Have you served in the US Military: _____ Yes _____ No

Primary Employment History: _____

Volunteer Experience: _____

Interests, Experience, Skills

Check all that apply

HUMAN SERVICES

- Bookkeeping Assistance
- Caregiver Support
- Friend Companion
- Meals on Wheels Delivery
- Pantry Pals Grocery Shopping
- RIDES Transportation
- Social Buddy Phone Caller

CHORE CORPS

HANDY PEOPLE SERVICES

- Home Repair
- Yard Clean Up
- Snow Removal

PROFESSIONAL

- Accounting
- Computer Tech Training
- Data Entry
- Office Assistance
- Policy Development
- Project Coordination
- Reception/ Greeter
- Tax Preparation

PET SERVICES

- YVAS Animal Services

HOW DID YOU HEAR?

- Prime Connections
- Website
- TV
- Radio
- Newspaper
- Family
- Facebook
- AVP Volunteer
- Friend
- Other _____

I AM MOST INTERESTED IN:

1. _____
2. _____
3. _____

SUPPLEMENTAL VOLUNTEER INSURANCE

Secondary accidental medical coverage, including a \$2500 death benefit, is provided at no cost to individuals while actively volunteering in an Adult Resource Alliance program through AVP.

Insurance Beneficiary _____

Address _____ City/ST _____ Zip _____

Home Phone _____ Cell Phone _____

EMERGENCY CONTACT

Name: _____

Home Phone: _____ Cell Phone _____

Email Address: _____ Relationship: _____

FOR SELECT PROGRAMS ONLY

The request for information that follows applies to individuals who commit to volunteering in the following programs: Bookkeeping Assistance, Chore Corps, Friend Companion, Meals on Wheels Delivery, Pantry Pals Grocery Shopping & Delivery, RIDES Transportation, Snow Removal, Senior Medical Patrol, Prime Connections Delivery.

Driver's License #: _____ Issuing State: _____ DOB: _____

Auto Insurance Company: _____ Agent: _____

Address: _____ City/ST: _____ Zip: _____

Primary Phone: _____ Email Address: _____

I AM INTERESTED IN LEARNING TO USE AN APP TO RECORD MY VOLUNTEER SERVICE HOURS AND COMMENTS

Yes **No**

ON-LINE APPLICATIONS

Forward AVP on-line applications to avp@allianceyc.org.

CONFIRMATION OF INFORMATION AND CONDITIONS

I confirm that the information I provided on this application is true to the best of my knowledge and I agree to the following conditions. **Please check to signify agreement/acknowledgement.**

_____ I agree to carry automobile insurance as required by Montana State law when my automobile is used in volunteer service.

_____ My contact information may be shared with Alliance Volunteer Program community partners which I have expressed interest in.

_____ I acknowledge that the AVP Handbook is made available to me as part of the volunteer enrollment process. *The AVP Handbook and Volunteer Manual are available at allianceyc.org.*

_____ I acknowledge that only adults, age 18 or older, who are enrolled in the Alliance Volunteer Program may deliver services on behalf of the Adult Resource Alliance.

ADULT RESOURCE ALLIANCE CONFIDENTIALITY AGREEMENT

As an enrolled member of the Alliance Volunteer Program, I understand that I may have access to confidential information, both verbal and written, that pertains to participants, volunteers, staff and the Adult Resource Alliance. I understand that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position. I agree not to discuss these same matters after I have left my volunteer position at the Adult Resource Alliance. I understand that breach of this agreement constitutes grounds for, and may result in, termination of my volunteer status with the Alliance Volunteer Program/Adult Resource Alliance.

I agree not to hold the Adult Resource Alliance or any of its programs liable for any accident or incident that may occur to person or property while performing a volunteer service.

Please sign below to indicate your acceptance and agreement with the terms outlined above.

Applicant Signature _____ Date _____

It is the policy of the Adult Resource Alliance not to share personal information about our volunteers with any outside entity.

All qualified applicants will receive consideration for volunteer placement without regard to race, religion, color, gender, age, sexual orientation, sexual preference, marital status, disability, or other legally protected status.

AVP Staff Only

Interview Notes:

AVP Interviewer _____ Date _____

Initial Volunteer Placement _____ Date _____

ARA Background Check Required? ____ Yes ____ No

ARA Background and Motor Vehicle Screen Required? ____ Yes ____ No

Program _____

Date Submitted _____ Date Returned _____

Status: _____

AVP Lead _____ Date _____