

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](mailto: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 \_\_\_\_\_