

Volunteer Application

While we make every effort to match the skills of the volunteer to the needs of the programs requesting the assistance of volunteers, we cannot guarantee placements.

Date of Application					
Last Name	Fi	First Name		Middle	
Address :					
Street	Apt#/PO Box	City	State	Zip Code	
Telephone:					
	Home	Cell		Work	
E-Mail Address:					
Date of Birth:	US Citizenship	:Yes	No If no, Regist	ration #	
Emergency Contact:					
Address:		Phone:			
	nces (name, address, rk, either paid or non-p			ou, but are	
1					
2					
Please briefly list the	following in the space	es provided:			

Your Employment Experience Your Volunteer Experience **Areas of Study/Education** 1. 1. 1. 2. 2. 2. 3. 3. 3. 4. 4. 4. 5. 5. 5.

How were you referred to Lake County Council on Aging for volunteer opportunities?
Word of Mouth Telephone Book Newspaper Poster/Flyer
Drop in Visit
Have you been convicted of a felony within the last 7 years? Yes No (Conviction will not necessarily disqualify an applicant from volunteering)
Languages Spoken: English Spanish Other
The following section will assist us in placing you:
Through my volunteer involvement I hope to: (check all that apply)
Put my ideas to work Remain active
Develop new skills/experience Feel that I am making a difference
Make new social connectionsTo earn more income
Use my skills to help meet community needs
I would like to Volunteer: (check all that apply)
As a driver Where I work on my own or where I have a lot of freedom
In an office As part of a group where I can meet other people.
Wherever I am needed For this specific program:
I prefer to volunteer: Mornings Afternoons Evenings
I am unable to volunteer: Mornings Afternoons Evenings
Approximately how many hours do you wish to serve per week?
Please list any physical limitations to be accommodated with regard to volunteer placement :
Certification: I hereby certify that the information provided on this application is true to the best of my knowledge. I understand that any misinformation or material omission could result in unfavorable consideration or immediate dismissal. I allow release of this information for verification and evaluation purposes, which may include a background check. I authorize contact of my personal references for verification and evaluation purposes. If I am using my owr vehicle, I agree to provide insurance as per Montana State law. I understand volunteers' photographs may be used for publicity or news purposes. I agree not to hold Lake County Council on Aging, or any of its programs, liable for any incident or accident that may occur while performing volunteer service.
Signature: Printed Name: Date

This information is needed for volunteer opportunities that involve driving: Driver's License Number:				
	Copy Driver's License			
he Lake County Cou	ıncil on Aging has my permission to access my dr	iving record.		
ignature:	Printed Name:	Date		

Confidentiality Agreement

Lake County Council on Aging values the protection of confidential information concerning clients, caregivers, volunteers and co-workers. It is the obligation of every employee and volunteer staff member to maintain this confidentiality.

When working with Lake County Council on Aging, paid and non-paid staff **will not** discuss or otherwise divulge any information concerning any client, customer, or fellow staff member of Lake County Council on Aging except on a need to know basis for the benefit of the client, customer or fellow staff member.

When working with other organizations, paid or non-paid staff may not provide proprietary information to outside organizations or individuals, unless authorized by management, client, customer or staff member necessary in the performance of their duties. This includes computer generated forms or any other generated information of any sort.

Care should be taken at all times to see that case folders, employee files and other confidential information are secure and not accessible to others.

Date

I have read and agree to adhere to the conditions of this confidentiality agreement. I also acknowledge that any breach of confidentiality may result in disciplinary action up to and including termination.

Signature

Printed Name

Printed Name	
Photo Release Form	
I hereby grant permission to the Lake County Council on Aging to use pho	tographs and/or video
of me taken while volunteering in publications, news releases, online, and	in other
communications related to the mission of Lake County Council on Aging.	
Signature	Date

APPLICATIONS CAN BE EMAILED TO <u>HOMESERVICES@LAKECOUNTYCOA.ORG</u>

OR

MAILED TO:

LAKE COUNTY COUNCIL ON AGING 528 MAIN ST SW RONAN, MT 59864