



LAKECOUNTRY

COUNCIL ON AGING

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** **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, Registration # _____

Emergency Contact: _____ Relationship: _____
Address: _____ Phone: _____

Please list two references (name, address, phone) who are not related to you, but are familiar with your work, either paid or non-paid, whom we may contact.

1. _____
2. _____

Please briefly list the following in the spaces 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 Service Site Web Site Other (_____)

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 connections To 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 own 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

The Lake County Council on Aging has my permission to access my driving record.

Signature:

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 organization or individual, 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.

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

Date

Printed Name

Photo Release Form

I hereby grant permission to the Lake County Council on Aging to use photographs 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

Printed Name

APPLICATIONS CAN BE EMAILED TO OPERATIONS@LAKECOUNTYCOA.ORG

OR

MAILED TO:

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