

## VOLUNTEER APPLICATION

☐ MAS Volunteer

☐ RSVP

☐ Stipend – Foster Grandparent/Senior Companion

*Missoula Aging Services (MAS) is an equal opportunity Agency. All qualified candidates will receive consideration for volunteer positions without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Do you need an accommodation to participate in the application or interview process?* ☐ Yes ☐ No

*For any questions, please contact the MAS Volunteer Coordinator at 406.728.7682*

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
(Please Print)

Street Address: (required) \_\_\_\_\_  
Street Apt# City State Zip Code

Mailing Address: \_\_\_\_\_  
(If different from street address) Street Apt# City State Zip Code

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

How would you like us to contact you? ☐ Home Phone ☐ Cell Phone ☐ E-Mail ☐ No Preference

Please **briefly** list the following in the spaces provided:  
Employment History:

Volunteer Experience:

How were you referred to Missoula Aging Services for volunteer opportunities?

☐ Word of Mouth ☐ Social Media ☐ Newspaper ☐ Radio/TV  
☐ Poster/Flyer ☐ Drop in visit ☐ Website ☐ Other: \_\_\_\_\_  
☐ Referral | Referred By: \_\_\_\_\_

References are **only** required for **Foster Grandparents** and **Senior Companions**. Please list two references that are not related to you, but are familiar with your work and/or relevant skills whom we may contact. (As a courtesy, please let them know that we may be contacting them).

1. Name: \_\_\_\_\_ | Contact Information: \_\_\_\_\_

2. Name: \_\_\_\_\_ | Contact Information: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please check which areas you might be interested in volunteering. Please note that there are no guarantees that your desired area of volunteering will have openings, so please check all boxes that you are interested in.

The areas below are for volunteers **age 18\* and older**:

- ☐ Nutrition (i.e. Meals on Wheels) ☐ Ombudsman Program ☐ Resource Center  
☐ Senior Medicare Patrol (SMP) ☐ Development and Communications ☐ Administrative  
☐ In-Home Care Services (ie: Caring Companion)\* (21+)

The areas below are for volunteers **age 55 or older** (AmeriCorps Seniors Programs):

- ☐ RSVP (a variety of community services) ☐ Foster Grandparents ☐ Senior Companions

☐ **Initial here for Certification of Information**

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for volunteer service. With my signature below, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all references and employers to release information they may have about me and I release all persons or companies from any liability or responsibility for providing such information. I understand that I am not an employee of the Volunteer Programs, Missoula Aging Services (MAS), Missoula County, the volunteer station or the Federal Government.

☐ **Initial here for Certification of Background Check**

I understand that selection into any program is contingent upon successful clearance of the National Sex Offender Public Website and **may** also include a National Criminal History Check, Motor Vehicle Report and/or an FBI Finger Print Check. I understand that I am ineligible to work or serve in this position if I decline to complete the application process, if I provide a false statement about any information provided, if I have been convicted of murder or if I am required to be registered as a sex offender.

☐ **Initial here for Image and/or Voice Release**

Voluntarily and without compensation, I give MAS permission to record my image and/or voice and grant MAS all rights to use these recordings or photographs in any medium for educational, promotional, advertising, or other purposes that support the mission of the agency. I release images and recordings in any media now known or later developed.

I understand that this may also include use by organizations and entities which provide funding to MAS.

I understand that it is my responsibility to remove myself from the picture taking area and/or inform the photographer if I do not wish to be photographed.

**My signature below acknowledges that I have read and agree to adhere to the initialed conditions listed on Page 2.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: If you are 55 or older, please complete the section below.** Otherwise, your application is now considered complete and a Volunteer Coordinator will be in touch with you in the coming days to schedule an interview. Thank you for taking the time to complete an application!

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**This following information is REQUIRED if you are 55 OR OLDER:**

I understand it is unlawful to retaliate against any person who, or organization that, files a complaint about discrimination. In addition to filing a complaint against local and state agencies that are responsible for resolving discrimination complaints, I may bring a complaint to the attention of the Corporation for National and Community Service. Contact information is on the Missoula Aging Services website. Please visit <https://missoulaagingservices.org/> for more information.

Placement with AmeriCorps Seniors (any volunteer 55 or older) programs includes free volunteer insurance coverage. As an AmeriCorps Seniors volunteer, coverage is automatic and free of cost to you as long as you are an active enrolled member of AmeriCorps Seniors. Coverage includes a small death benefit, excess accident medical, excess volunteer liability and excess automobile liability coverage while performing volunteer duties. This coverage does not apply to any damage to your vehicle – you must maintain your own auto liability coverage at least equal to the state-required minimums.

Insurance Beneficiary for AmeriCorps Seniors Supplemental Accident Insurance:

Name (other than you): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AmeriCorps Seniors is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (Optional).**

Are you a Veteran? ☐ Yes ☐ No      Are you an active Military Member? ☐ Yes ☐ No

Are any of your family members actively serving in the military? ☐ Yes ☐ No

**OPTIONAL – Ethnic/racial identification**

AmeriCorps Seniors is subject to governmental record keeping and reporting requirements. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential.

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Hispanic/Latino  | <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> Asian     |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Caucasian |