

Powell County Council on Aging
Generation Network (GNet) Volunteer Program
409 Missouri Avenue
Suite 109
Deer Lodge, Montana 59722
(406) 846-9789

VOLUNTEER APPLICATION

Personal Information:

Date _____

Name (First, Middle & Last): _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

Highest Education degree achieved: _____

Have you or a family member ever served in the US Military: Yes/No Branch: _____

Primary Employment History: _____

Volunteer experience: _____

Hobbies or interests: _____

Briefly tell why you are interested in volunteering _____

What services are you willing or interested in performing? (Choose all that apply) Grocery Shopping Assistance, Visitation/Companionship, Lawn Care, Garden Care, Snow Shoveling, Phone Buddy

Do you have allergies/fear/dislike to animals? _____

Are you able to commit to volunteering to visit a Senior or an Adult with Disabilities for at least one hour/week? Yes No

Please list two non-family references that you have known for more than one year. Employers, teachers, coaches, ministers, etc. may be used.

Name Address Phone Relationship

Name Address Phone Relationship

Emergency Contact:

Name: _____

Contact Phone: _____

Criminal Background Check:

Because I will be working with seniors and adults with disabilities who may be vulnerable, I understand that it will be necessary for Powell County Council on Aging GNet Volunteer Program to conduct a criminal background check. I hereby grant Powell County Council on Aging GNet Volunteer Program, permission to do so. I authorize all law enforcement agencies and references to provide the necessary and relevant information about me to Powell County Council on Aging GNet Volunteer Program and I release them from all liability as a result of providing that information.

Applicant Signature _____ Date _____

Full Name of Applicant (including middle name): _____

Alias/Maiden Name: _____ Date of birth: _____

Permanent or Previous Address if you have not lived in Montana for over one year:

Have you ever been arrested or convicted of a criminal offense? Yes/No If "Yes," Date: _____

Nature of Crime: _____

I hereby declare that all the information provided in this application is complete, true, and correct to the best of my knowledge.

Applicant Signature _____ Date _____

I agree not to hold the Powell County Council on Aging 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 _____

I verify that I have read and agree to follow all information that has been given to me regarding the Volunteer position that I am accepting with the Powell County Council on Aging GNet Volunteer Program.

Applicant Signature _____ Date _____

Please be advised that your volunteer may not be current on vaccinations, but state law prevents verification or requirement of vaccinations.

It is the policy of the Powell County Council on Aging 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, sex, age, sexual orientation, marital status, disability, or other legally protected status.