

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

**Senior or Adult with Disability Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Smoker: Yes No

Do you have a pet? Yes No if yes, proof of vaccination is required.

Life Experiences: (job, family, volunteer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies or Interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special considerations: \_\_\_\_\_

*Please note it is our policy to evaluate any participants who have been diagnosed with moderate Alzheimer disease or dementia as defined by the Alzheimer's Association. (This is not to say that a client may not be accepted or remain in our program after experiencing a decline or diagnosis.)*

Other services received: \_\_\_\_\_

**Contact Person in case of emergency:**

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Volunteer Preference:**

Younger visitor: \_\_\_\_\_ Older visitor: \_\_\_\_\_ No preference: \_\_\_\_\_

Gender Preference: \_\_\_\_\_ No preference: \_\_\_\_\_

I have knowingly and voluntarily made the decision to participate in the Powell County Council on Aging Generation Network Volunteer Program. I agree to allow a volunteer designated by the Powell County Council on Aging Generation Network Volunteer Program to visit me in my home at least one time per week.

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

I understand that there may be issues that do not allow me to continue with this program or a need to request a change in designated volunteer. This may be done by contacting the Powell County Council on Aging at (406) 846-9789 ext 1.

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 or participants with any outside entity. All qualified applicants will receive consideration for volunteer or participant placement without regard to race, religion, color, sex, age, sexual orientation, marital status, disability, or other legally protected status.*