



My Glacier Village

1103 South Main St.

Kalispell, MT 59901

406-250-8784

Volunteer Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment / Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Email: _____

Would you like to join our mailing list? YES NO
☐ ☐

Have you ever been convicted of a felony? YES NO
☐ ☐

If yes, explain: _____

Previous Volunteer Experience, Special Skills or Qualifications

Summarize skills and qualifications you have acquired from employment, prior volunteer work, family experience or through other activities that you believe will support your volunteer contribution

References

Please list two people other than relatives.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

eMail: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

eMail: _____

Areas of Interest

By checking a box, you agree to be notified of that service request via email

Committee Member	<input type="checkbox"/>	Home/Yard Work	<input type="checkbox"/>
Companion	<input type="checkbox"/>	Light House Cleaning	<input type="checkbox"/>
Companion/Drive to events & activities	<input type="checkbox"/>	Meal Prep	<input type="checkbox"/>
Driver	<input type="checkbox"/>	Office Support	<input type="checkbox"/>
Errands	<input type="checkbox"/>	Organizing	<input type="checkbox"/>
Events Support	<input type="checkbox"/>	Pet Care	<input type="checkbox"/>
Friendly Caller	<input type="checkbox"/>	Tech Support	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	Trips to Friends	<input type="checkbox"/>
Grocery/M meal Delivery	<input type="checkbox"/>	Walking Buddy	<input type="checkbox"/>
Handy Person	<input type="checkbox"/>		<input type="checkbox"/>

Emergency Contact

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Disclaimer and Signature

Thank you for your interest in volunteering with us and for completing this application. It is the policy of My Glacier Village to provide equal opportunities without regard to race, religion, color, national origin, gender, sexual orientation, age, or disability.

By signing this agreement, I certify that all information in my application is true and complete to the best of my knowledge.

I understand that any false information or omission may disqualify me from further consideration for volunteer service with My Glacier Village and may result in my dismissal, if discovered at a later date.

I understand that as part of the application process a criminal background check (and driving record review if I am applying as a driver) must be conducted and is my responsibility to process and pay for. The acknowledgement form with guidelines for processing the background check is attached and must be completed, signed, and submitted to My Glacier Village prior to being assigned any volunteer duties.

I have read and understand the above and by my signature consent to these statements.

Signature: _____ Date: _____

CRIMINAL BACKGROUND/DRIVING RECORD CHECK

All potential volunteers for My Glacier Village are required to undergo a criminal background check (and driving record check if applicable) as part of the volunteer application process. This investigation may include, but is not limited to, a criminal background check in the files of any Federal, state, or local justice agency, driving history, performance of medical examinations, drug screening or reference verification.

Volunteers are responsible for processing and paying for these screenings. Once your initial interview and reference checks have been completed, a link will be provided to you to go online and complete the background screening online. Results will be emailed directly to My Glacier Village. Screening must be completed and clean results from screening agency returned to My Glacier Village before the applicant may become an active volunteer.

By signing below, I acknowledge these requirements and I authorize My Glacier Village to access and retain a copy of the background investigation/driving record check. I also release My Glacier Village from responsibility for this investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at My Glacier Village and all results remain confidential.

I have attached a copy of my current drivers license and proof of auto insurance.

Applicant Signature_____

Print Name_____Date_____

Please submit this authorization with your signed Volunteer Application to the address listed at the top of the Application Form or email to myglacier2019@gmail.com