



VOLUNTEER APPLICATION

Personal Information:

Name (First, Middle & Last): _____ Date: _____

Home Phone: _____ Work Phone: _____

Address: _____

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

Email Address: _____ Gender: Male Female

How did you learn about Befrienders? _____

Highest educational degree achieved? _____

Volunteer experience: _____

Hobbies or Interests: _____

Briefly tell why you are interested in Befrienders: _____

Please list any other groups/organizations to which you belong: _____

Are you able to commit to volunteering to visit an older adult for at least one hour/week for a minimum of one year (or two consecutive semesters for students)? Yes No

Recent Employment:

Dates: _____ Company/Agency: _____

Job/Duties: _____

Students:

Are you a student? Yes No

If "Yes:" Expected Finish Date _____ Degree/Major: _____

Driving Your Senior Friend:

Do you have a car? Yes No Year/Make _____

Driver's License #: _____ State _____

Insurance Card must be copied and placed in file at time of interview.



References:

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

Reference #1:

| | | | |
|------|---------|-------|--------------|
| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|

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|------|---------|-------|--------------|
| Name | Address | Phone | Relationship |
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I give permission to Befrienders, Inc. to use my photograph for promotional use (promoting our program helps us stay in operation - please help us reach out to others in this way). Please initial if permission is given: _____

Criminal Background:

Full Name of Applicant (including middle name): _____

Alias/Maiden Name: _____ Date of birth: _____

Social Security Number (This social security number will be obliterated after criminal record report is received): _____

Have you ever been arrested or convicted of a criminal offense? Yes No

If "Yes," Date: _____ Nature of Crime: _____

Because I will be working with older adults who may be vulnerable, I understand that it will be necessary for Befrienders to conduct a criminal background check. I hereby grant Befrienders and its agent, SingleSource Services, permission to do so. I authorize all law enforcement agencies and references to provide the necessary and relevant information about me to Befrienders and I release them from any and all liability as a result of providing that information.

Applicant Signature

Date

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

Applicant Signature

Date

A background check currently costs Befrienders \$6.00. A donation on the part of the applicant to help defray this cost would be appreciated.

Questions or to submit an application: Befrienders, 807 North Tracy, Bozeman, MT 59715, (406) 522-8169, info@befriendersbozeman.org, www.befriendersbozeman.org

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