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**Volunteer Application**

Please submit application by mail, or email to:

ASPEN PO Box 653

**Email:** [info@aspenmt.org](mailto:info@aspenmt.org)

**Note about conflict of interest:** *If you are involved with another organization that might create a conflict of interest and possibly violate our confidentiality policies, you may be unable to volunteer with our organization.*

*Additionally, we cannot accept everyone into our volunteer program, but we appreciate any interest.*

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|  |
| *Date of Application* |
|  | |  |  |  |
| *First Name* | | *Middle Initial* | *Last Name* | *Date of Birth* |

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| --- | --- | --- |
|  |  |  |
| *Address* | *Phone Number* | *Email Address* |

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| --- | --- | --- |
|  |  |  |
| *Currently Employed? (Y/N)* | *Employer* | *Position* |

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| --- | --- | --- |
|  |  |  |
| *Emergency Contact Name* | *Relationship* | *Phone Number* |

**Have you ever been convicted of a crime? If so, please explain:**

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**What is your highest level of education?**

* Less than High School
* High School/GED
* Two-Year College Degree (e.g., A.A.)
* Four-Year College Degree (e.g., B.A., B.S.)
* Master's Degree
* Doctoral Degree
* Professional Degree (e.g., J.D., M.D.)

**Please list any degrees, degrees in progress, or certifications below:**

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**Are you interested in volunteering with ASPEN as part of an internship/practicum?**

* Yes
* No

**Are you volunteering to fulfill another community service requirement?**

* Yes
* No

**Relevant Volunteer/Work Experience**

(*Attach separate sheet if you need more space*.)

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| **Organization** | **Position** | **Date(s) of Service** |
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**References**

(*Please include a minimum of two and a maximum of three references. Please exclude relatives or close friends*.)

*Please make sure to sign the reference release form included below.*

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| --- | --- | --- |
| **Name** | **Relationship** | **Phone Number** |
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**Please indicate which volunteer position(s) you are interested in. (Check all that apply.)**

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| --- | --- | --- | --- | --- |
|  | **Position** | **Description** | **Time Commitment** | **Requirements** |
|  | ***Client Advocacy Volunteer*** | * Staff the 24-hour support line * Work 1-on-1 with clients | 2-12 hours/twice per month | * Background check * Volunteer training (4 hours) * Direct service training (4 hours) * 6+ hours of shadowing trained client advocates |
|  | ***Community Education and Outreach Volunteer*** | * Work with the Community Educator to help create and present education programs | As needed | * Background check * Volunteer training (4 hours) * Educational training as needed |
|  | ***Volunteer Receptionist*** | * Filing * Bookkeeping * Data entry * Answering phones * Picking up mail | 3-4 hours/week | * Background check * Volunteer training (4 hours) * Database training as needed |
|  | ***Committee Member*** | * Volunteer to help with one of ASPEN’s operational committees | 1-2 hours/month | * Background check * Interview with Executive Director |
|  | ***ASPEN House Volunteer*** | * Volunteer to help with minor repairs, cleaning, gardening, yardwork * Pickups and deliveries of donations as needed | As needed | * Background check * Volunteer training (4 hours) |

**Reference Contact Consent**

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| --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize ASPEN to contact the above references. |
| *(Print Name)* |

|  |  |
| --- | --- |
|  |  |
| *(Volunteer Applicant Signature: By typing your name here, you are digitally signing this document.)* | *(Date)* |

**Background Check**

In order to help with the cost of background checks and volunteer training, we do request a $10 application fee at the time of interview. If this is in anyway prohibitive please speak with a ASPEN staff member.

I, , authorize ASPEN to run a background check.

*(Print Name)*

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| --- | --- |
|  |  |
| *(Volunteer Applicant Signature: By typing your name here, you are digitally signing this document.)* | (Date) |

**OFFICE USE**

**$10.00 Paid (Y/N) \_\_\_\_\_\_**

**Method of Payment\_\_\_\_\_\_\_**