



## 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*

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*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:**

**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:**

**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.)*

Organization	Position	Date(s) of Service

## 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.*

Name	Relationship	Phone Number

**Please indicate which volunteer position(s) you are interested in. (Check all that apply.)**

	Position	Description	Time Commitment	Requirements
<input type="checkbox"/>	<b><i>Client Advocacy Volunteer</i></b>	<ul style="list-style-type: none"> <li>- Staff the 24-hour support line</li> <li>- Work 1-on-1 with clients</li> </ul>	2-12 hours/twice per month	<ul style="list-style-type: none"> <li>- Background check</li> <li>- Volunteer training (4 hours)</li> <li>- Direct service training (4 hours)</li> <li>- 6+ hours of shadowing trained client advocates</li> </ul>
<input type="checkbox"/>	<b><i>Community Education and Outreach Volunteer</i></b>	<ul style="list-style-type: none"> <li>- Work with the Community Educator to help create and present education programs</li> </ul>	As needed	<ul style="list-style-type: none"> <li>- Background check</li> <li>- Volunteer training (4 hours)</li> <li>- Educational training as needed</li> </ul>
<input type="checkbox"/>	<b><i>Volunteer Receptionist</i></b>	<ul style="list-style-type: none"> <li>- Filing</li> <li>- Bookkeeping</li> <li>- Data entry</li> <li>- Answering phones</li> <li>- Picking up mail</li> </ul>	3-4 hours/week	<ul style="list-style-type: none"> <li>- Background check</li> <li>- Volunteer training (4 hours)</li> <li>- Database training as needed</li> </ul>
<input type="checkbox"/>	<b><i>Committee Member</i></b>	<ul style="list-style-type: none"> <li>- Volunteer to help with one of ASPEN's operational committees</li> </ul>	1-2 hours/month	<ul style="list-style-type: none"> <li>- Background check</li> <li>- Interview with Executive Director</li> </ul>
<input type="checkbox"/>	<b><i>ASPEN House Volunteer</i></b>	<ul style="list-style-type: none"> <li>- Volunteer to help with minor repairs, cleaning, gardening, yardwork</li> <li>- Pickups and deliveries of donations as needed</li> </ul>	As needed	<ul style="list-style-type: none"> <li>- Background check</li> <li>- Volunteer training (4 hours)</li> </ul>

## Reference Contact Consent

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

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*(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)

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### OFFICE USE

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

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