



Volunteer Application

Please submit application by mail, or email to:

ASPEN PO Box 653

Email: 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.

Date of Application

First Name

Middle Initial

Last Name

Date of Birth

Address

Phone Number

Email Address

Currently Employed? (Y/N)

Employer

Position

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

Reference Contact Consent

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)

(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 _____