



CAPNM

COMMUNITY ACTION PARTNERSHIP OF NORTHWEST MONTANA

HELPING PEOPLE. IMPROVING LIVES. STRENGTHENING COMMUNITIES.

Volunteer Application

Thank you for your interest in volunteering for CAPNM! Please help us understand your background and interests by filling out this application in its entirety. Your responses will be used to help CAPNM determine the best volunteer opportunities for you. It is CAPNM’s policy to provide equal opportunities to all qualified individuals without regard to race, color, religion, national origin, marital or veteran status, gender, age non-disqualifying physical or mental disability, sexual orientation, or any other legally protected status.

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

How would you like to be contacted? Home Phone Cell Phone Email

Please list the available times you can volunteer:

	Mornings	Afternoons	Evenings
Mondays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fridays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you been convicted of a felony or misdemeanor in the past 7 years? Yes No
(Answering "Yes" does not necessarily bar volunteering, since the nature of the offense, date and the job for which you are applying is also considered.) If yes, please explain:

How did you learn about CAPNM's volunteer program?

- | | | |
|--|---------------------------------------|---|
| <input type="radio"/> Friend or Relative | <input type="radio"/> CAPNM's website | <input type="radio"/> FVCC |
| <input type="radio"/> Newspaper, TV or Radio | <input type="radio"/> Community Event | <input type="radio"/> School or College |
| <input type="radio"/> United Way | <input type="radio"/> Brochure/Poster | <input type="radio"/> Other: |

How often would you like to volunteer? Please specify below:

- I would like to volunteer ___ days per month, up to ___ hours per day.
- I would like to volunteer ___ days per month, up to ___ hours per day.
- I would like to be contacted for occasional one-day projects that fit my skills and interests.
- I would like to volunteer for a single day activity.
- Other:

Skills and Interests (Please check all that apply):

Housing Maintenance and Repair (any time)

- | | | |
|---------------------------------|----------------------------------|--------------------------------|
| <input type="radio"/> Carpentry | <input type="radio"/> Plumbing | <input type="radio"/> Masonry |
| <input type="radio"/> Cleaning | <input type="radio"/> Electrical | <input type="radio"/> Painting |

Grounds Maintenance (any time)

- | | | |
|--|---|--|
| <input type="radio"/> Lawn Maintenance | <input type="radio"/> Grounds Clean Up | <input type="radio"/> Pruning Trees & Shrubs |
| <input type="radio"/> Planting Flower Beds | <input type="radio"/> Maintaining Flower Beds | <input type="radio"/> Snow Removal |

Clerical Assistance (weekdays)

- | | | |
|--|---|--|
| <input type="radio"/> Preparing Mass Mailings | <input type="radio"/> Folding Brochures | <input type="radio"/> Preparing Tax Statements |
| <input type="radio"/> Filling Info Packets or Bags | <input type="radio"/> General Office | <input type="radio"/> Filing Documents |

Special Events and Fundraising Assistance

- | | |
|---|--|
| <input type="radio"/> Distributing Flyers, Brochures or Posters | <input type="radio"/> Manning Events |
| <input type="radio"/> Solicit Auction Items, Donations, In-Kind, etc. | <input type="radio"/> Make Phone Calls |
| <input type="radio"/> Project Homeless Connect | <input type="radio"/> Other: |

Please specify or propose any other volunteer opportunity or internship:

REFERENCES: Please list two references who can speak to your skills and character.

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Address: _____

Address: _____

City: _____ ST: ____ Zip: _____

City: _____ ST: ____ Zip: _____

Company: _____

Company: _____

Title: _____

Title: _____

Applicant Certification

I authorize the investigation of all information contained in this application as may be necessary in arriving at a volunteer placement decision. I further authorize the release of any such information without liability. This includes, but is not limited to, references and background checks.

I understand that this application is not, and not intended to be, a contract of employment. I understand that volunteer placement is "at will," meaning I or CAPNM may terminate any volunteer relationship at any time and with or without cause. I understand that I am required to abide by all rules and regulations of Community Action Partnership of Northwest Montana.

Applicant Signature

Date