

DISTRICT 4 HUMAN RESOURCES DEVELOPMENT COUNCIL



**2229 5TH AVENUE
HAYRE, MONTANA 59501
(406) 265-6743**

WEBSITE: www.hrdc4.org

“This institution is an Equal Opportunity Provider and Employer”

VOLUNTEER INFORMATION - Required information

Date _____ Social Security Number _____

Name _____ Phone _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (Zip)

Do you have a current Driver's License? Yes No Are you insurable? Yes No

Do you have proof of the required Liability Insurance on your vehicle? Yes No

VOLUNTEER PROGRAM

Position _____

Date you can start _____ Hours/Days Available _____

Are you employed now? Yes No Are you a full-time / part-time student? Yes No

Have you volunteered/employed at this agency before? Yes No

Where? _____ When? _____

EDUCATION - OPTIONAL INFORMATION

	Name and location Of school	Grade Completed	Area of Study
High School	_____	_____	_____
College	_____	_____	_____
Trade/Business	_____	_____	_____
Corres. Courses	_____	_____	_____

LIST BELOW YOUR LAST TWO EMPLOYERS OR VOLUNTEER POSITIONS – OPTIONAL INFO

Date Employed From _____ To _____ Phone _____
Employer _____ Location _____
Supervisor _____ Position _____
Duties _____

Date Employed From _____ To _____ Phone _____
Employer _____ Location _____
Supervisor _____ Position _____
Duties _____

STATEMENT OF CONFIDENTIALITY - SIGNATURE REQUIRED

I understand that information gained while observing/working/volunteering at HRDC must not be shared with anyone other than authorized personnel.

I understand the importance of not using client/family names when in group discussions. This attention to the preservation of confidentiality helps to establish a firm pattern of respect for the privacy of families we serve.

I understand that if I disclose confidential information obtained while at or involved in business related to HRDC, I may be held legally liable.

Volunteer Signature

Date

Address

Phone

