DISTRICT A HUMAN RESOURCES DEVELOPMENT COUNCIL **2229 5TH AVENUE** HAVRE, MONTANA 59501 (406) 265-6743

WEBSITE: www.hrdc4.org

"This	institution is an Equal	Opportunity Provider a	na Employer"			
VOLUNTEER INFORM	MATION - Required info	rmation				
Date		Social Security Number				
Name		I	Phone			
(Last)	(First)	(Middle)				
Present Address (Street)		(City) (S	tate) (Zip)			
	t Driver's License?	☐ No Are you insura	· · · · · · · · · · · · · · · · · · ·			
VOLUNTEER PROGR	RAM					
Position						
	u can start	Hours/D				
	☐ Yes ☐ No Are you teered/employed at this age	u a full-time / part-time student ency Yes No	?	Νo		
Where?		When?				
EDUCATION - OPTIC	ONAL 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		
Date Employed	From	То	Phone		
Employer			Location	1	
Supervisor				_	
Duties					
STATEME	NT OF CO	NFIDENTIALITY	SIGNATURI	E REQUIRED	
I understand that	nt information	gained while observe	ing/working/volunte	eering at HRDC must not be shared	
with anyone oth	er than autho	rized personnel.			
Lunderstand the	importance (of not using client/far	nily names when in	group discussions. This attention	
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 serv	ve.				
I understand that	at if I disclose	confidential informa	tion obtained while	at or involved in business related	
to HRDC, I may	y be held lega	lly liable.			
	Volunteer	Signature		Date	
-	Add	Iress		Phone	

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE APPLICATION (i.e., if you are volunteering for a position dealing voncerning preschool experience or parenting experience. We we	vith children, comments could be made
OPTIONAL INFORMATION	
OF HORAL IN ORMATION	
-	
	_
-	
We are committed to making reasonable accommodation to any kinapplicant's ability to compete in the application and interview proceduccommodation, please attach a separate sheet of paper with the	ess. If you would like us to consider any such
I certify that the facts contained in this application are true and con understand that, if employed, falsified statements on this application	
I authorize investigation of all statements contained herein and all and any pertinent information they may have, personal or otherwis damage that may result from furnishing same to you.	
 Signature	 Date