



Volunteer Application

**Volunteers must be at least 16 years of age.
Day Camp Volunteers must be at least 12 years of age.**

Eagle Mount Billings - 1140 16th St W #12 - Billings, MT 59102-4121
406-969-2949 office 406-969-2952 fax www.eaglemount.us

Volunteer Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Employer: _____ Supervisor: _____

Work Phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Programs/ Area of Interest for Volunteering:

Days Available

Choose from Dropdown

Cycling

Golf

Equestrian

Swimming

Out & About (Social Group)

Adaptive Climbing

Circuit & Conditioning

Alpine Ski/Snowboard

Nordic Ski

Day Camp

Soccer

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Have you volunteered for Eagle Mount in the past? Yes No

Previous Volunteer Experience, if any:

Application Statement:

I hereby grant permission to Eagle Mount Billings to investigate the information contained in this application and agree to a background check. I release Eagle Mount Billings and any agents or other person acting on behalf of Eagle Mount Billings from any and all liability relating to any investigation of the information contained in this application.

I agree that if I am accepted as a volunteer for Eagle Mount Billings, the volunteer relationship between Eagle Mount Billings and me is an at-will relationship and can be terminated, with or without cause, at any time, at the option of either Eagle Mount Billings or myself. Eagle Mount regards safety as our first concern. Volunteers in any of the programs may be removed or excluded from a program for behavior that is deemed by Eagle Mount Billings to be a danger to self or others.

I certify that the information contained in this application is true and correct to best of my knowledge and if Eagle Mount Billings determines that any of the information submitted in this application or any other documentation given to Eagle Mount Billings is false, I may be immediately disqualified from consideration for volunteering and/or discharged from volunteer service in accordance with Eagle Mount policy.

As a volunteer at Eagle Mount Billings, I understand that I may work with donor information, staff information and/or participant information that may be confidential in nature. I will not discuss that information with anyone who is not directly involved in these areas. I understand failure to maintain confidentiality may result in immediate release from my volunteer commitment with Eagle Mount Billings. The obligation to comply with this policy continues after my volunteer commitment with Eagle Mount Billings ends.

I Agree

Signature: _____

Printed Name: _____

Date: _____

I give my permission for the minor identified above to volunteer with Eagle Mount Billings.

I understand that Eagle Mount Billings is not responsible for volunteers outside of identified program volunteer times.

Parent/Guardian PRINTED name (if volunteer is under 18): _____

Parent/Guardian SIGNATURE (if volunteer is under 18): _____