



# Befrienders, Inc.

807 N. Tracy Ave., Bozeman, MT 59715; 522-8169  
befrienders@hotmail.com; www.befriendersinc.org

# Volunteer Application

Name \_\_\_\_\_ Gender: M F Date \_\_\_\_\_  
                    First                    Middle                    Last

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ How often check email? \_\_\_\_\_

How did you learn about Befrienders? \_\_\_\_\_

Highest educational degree achieved? \_\_\_\_\_

### Recent Employment:

Dates	Company/Agency	Location	Job/Duties
_____	_____	_____	_____

Are you a student?	Yes	No	If "yes," ...	Degree/Major
			School	Expected finish date
_____	_____	_____	_____	_____

Permanent address (if different from that above):  
\_\_\_\_\_

Volunteer Experience \_\_\_\_\_  
\_\_\_\_\_

Hobbies or Interests \_\_\_\_\_  
\_\_\_\_\_

Briefly tell why you are interested in Befrienders. \_\_\_\_\_  
\_\_\_\_\_

Do you have a car? \_\_\_\_\_ Year/Make \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

### Please mark your preferences for a senior citizen to visit:

Male \_\_\_\_ Female \_\_\_\_ No Preference \_\_\_\_ Non-smoker \_\_\_\_ No Preference \_\_\_\_

Bozeman Resident \_\_\_\_ Belgrade Resident \_\_\_\_ Elsewhere \_\_\_\_ No Preference \_\_\_\_

Any relevant allergies (e.g., cats)? \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

**Reference Page**

**References:** Please list two non-family references that you have known **for more than 1 year**. Employers, teachers, coaches, ministers, etc. may be used.

\_\_\_\_\_  
Name Address Relationship

\_\_\_\_\_  
Name Address Relationship

Have you ever been arrested or convicted of a criminal offense? \_\_\_\_\_

If yes, please give date, and nature of offense and disposition. \_\_\_\_\_

**The following information is needed so that we can do a criminal record check.**

Permanent or Previous Address if you have not lived in Montana for over one year:

\_\_\_\_\_  
Street City State Zip

Full Name of Applicant (including middle name): \_\_\_\_\_

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(This social security number will be obliterated after criminal record report is received.)

I give permission to Befrienders, Inc. to use my photograph for promotional use. (Promoting our program helps us stay in operation. Please help us reach out to others in this way.) \_\_\_\_\_

Initials

Because I will be working with seniors who may be vulnerable, I understand it will be necessary for Befrienders, Inc. to conduct a criminal background check. I hereby grant Befrienders, Inc. and its agent, SingleSource Serves, permission to do so. I authorize all law enforcement agencies and references to provide the necessary and relevant information about me to Befrienders, Inc. and I release them from any and all liability as a result of providing that information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Return to

**Befrienders**  
807 North Tracy  
Bozeman, MT 59715

FOR OFFICE USE ONLY  
 Ref1  Ref 2  BGC