



APPLICATION AND POLICY FOR VOLUNTEER ASSISTANCE
COMPASSION MONTANA (CM)

(FOR OFFICE USE ONLY)

Application Number _____

Date Received _____

Section A:

GENERAL TERMS AND CONDITIONS

Receipt of this application by CM does not commit CM to approve the application or to pay any cost incurred in the preparation of the application.

All applications, and information contained therein, that are submitted are subject to disclosure.

Volunteer projects can involve many hazards; CM nor its directors will not be held liable for any injuries of any kind or any other mishaps, including cancelation of travel for any reason.

Section B:

ELIGIBILITY AND REQUIREMENTS

In order to be eligible for the Volunteer Assistance Program, applicants must:

- Reside in the State of Montana
- Complete and submit the Volunteer Assistance Program Application, including signature, date, photocopy of I.D. and the application fee if applicable.
- Provide proof of identity (valid Montana driver's license, school I.D. or Montana I.D. card). Please attach a photocopy to this application.
- Provide a volunteer acceptance letter from a reputable charity, disaster relief or humanitarian aid organization.
- Have no history of a felony conviction

Section C:

APPLICANT INFORMATION

Date of Application

Applicant's Full Name

Address

City/ State/ Zip Code



APPLICATION AND POLICY FOR VOLUNTEER ASSISTANCE
COMPASSION MONTANA (CM)

Years of Residency in Montana

E-mail

Date of Birth

Phone Number

____ Male ____ Female

Are you currently serving or have you ever served in the United States military?
___NO ___YES

Are any members of your immediate family currently serving, or have they ever served in the United States military? ___NO ___YES

Section D:

VOLUNTEER ASSISTANCE PROGRAM PROJECT INFORMATION

What type of work you will be doing:

- Disaster Relief
- Humanitarian Aid
- Armed Conflict Assistance
- Medical Aid
- Other

EXPLANATION OF SERVICE

Please describe the work you will be doing.



APPLICATION AND POLICY FOR VOLUNTEER ASSISTANCE
COMPASSION MONTANA (CM)

Section E:

DECLARATION OF NEED

Please explain the circumstances surrounding the specific need for volunteers.

We like to get to know our applicants. Please tell us about yourself, including why you would like to become a volunteer, what qualifications you may have and what you hope to gain from this experience. Please attach extra pages if necessary.

Section F:

APPLICATION SUBMISSION AND ADDITIONAL INFORMATION

Section G requires notarization. There are notaries available at many financial institutions that can assist with this requirement at no charge.



APPLICATION AND POLICY FOR VOLUNTEER ASSISTANCE
COMPASSION MONTANA (CM)

Completed applications may be returned by mail to the following address:

Compassion Montana
P.O. Box 81332
Billings, MT 59108

For additional information regarding this application or the Volunteer Assistance Program, please contact our secretary, Nolan Tewell, at (1-406-671-6352) or at compassionmontana@gmail.com

If we need additional verification or information, we will need to contact the organization you will be volunteering with. Please initial below to grant CM permission to do so.

Initial here _____

Section G:

ACKNOWLEDGEMENTS

I hereby certify that the information provided is true and accurate to the best of my knowledge. I hereby acknowledge that I have read, understand and agree to comply with Compassion Montana's Volunteer Assistance Program policy and that any violation of the terms of the policy or misrepresentation shall constitute grounds for rejection of an application at the total discretion of the board of directors of CM. I understand that I am responsible for obtaining all required information and ensuring the project meets all CM's requirements.

I hereby release and agree to indemnify Compassion Montana, their respective agents, officers, and employees from any and all liability, claims, demands, and causes of action whatsoever, related to any loss or damage to my person or property whether anticipated or unanticipated. This release shall be binding on me, my heirs, successors, assigns, administrators and/or executors.

I understand that my application will not be processed if it is incomplete. I agree to provide any additional information for determining eligibility as requested by Compassion Montana.

I understand that the approval is at the sole discretion of Compassion Montana and that the program may be suspended, terminated, or modified at any time regardless of availability of funds or pending applications on file.

If for any reason your trip is cancelled or you are unable to fulfill your commitment to volunteer, all funds that were to be used for travel shall be returned within thirty days from the date of scheduled departure.



APPLICATION AND POLICY FOR VOLUNTEER ASSISTANCE
COMPASSION MONTANA (CM)

Printed Name of Signer

Signature of Signer (Only sign in the presence of a notary)

Notary Use Only_____

State

County

Date

Clearly print name of person signing form

Printed Name of Notary Public

Signature of Notary Public

Notary Stamp/Seal