



Volunteer Application

Thank you for your interest in volunteering for CAPNM! Please help us understand your background and interests by filling out this application in its entirety. Your responses will be used to help CAPNM determine the best volunteer opportunities for you. It is CAPNM's policy to provide equal opportunities to all qualified individuals without regard to race, color, religion, national origin, marital or veteran status, gender, age non-disqualifying physical or mental disability, sexual orientation, or any other legally protected status.

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

How would you like to be contacted? Home Phone Cell Phone Email

Are you volunteering to fulfill an educational requirement? Yes No

Are you volunteering to fulfill a court requirement? Yes No

If yes to either question above how many hours are necessary to fulfill the requirement? _____

Please list the available times you can volunteer:

	Mornings	Afternoons	Evenings
Mondays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fridays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you been convicted of a felony or misdemeanor in the past 7 years? Yes No
(Answering "Yes" does not necessarily bar volunteering, since the nature of the offense, date and the job for which you are applying is also considered.) If yes, please explain:

How did you learn about CAPNM's volunteer program?

- Friend or Relative
- Newspaper, TV or Radio
- United Way
- CAPNM's website
- Community Event
- Brochure/Poster
- FVCC
- School or College
- Other:

How often would you like to volunteer? Please specify below:

- I would like to volunteer ___ days per month, up to ___ hours per day.
- I would like to volunteer ___ days per month, up to ___ hours per day.
- I would like to be contacted for occasional one-day projects that fit my skills and interests.
Examples: Parking lot sale, Thursday Fest, Art Walk, Chocolate Affair, Outreach events, etc.
- Other:

Skills and Interests (Please check all that apply):

Housing Maintenance and Repair (any time)

- Carpentry
- Cleaning
- Plumbing
- Electrical
- Masonry
- Painting

Grounds Maintenance (any time)

- Lawn Maintenance
- Planting Flower Beds
- Grounds Clean Up
- Maintaining Flower Beds
- Pruning Trees & Shrubs
- Snow Removal

Clerical Assistance (weekdays)

- Preparing Mass Mailings
- Folding Brochures
- Manning phones
- Filling Info Packets or Bags
- General Office/Copying
- Filing Documents

Special Events and Fundraising Assistance

- Distributing Flyers, Brochures or Posters
- Manning Events
- Solicit Auction Items, Donations, In-Kind, etc.
- Make Phone Calls
- Organization of events
- Other:

Please specify or propose any other volunteer opportunity or internship:

REFERENCES: Please list one references who can speak to your skills and character.

Name: _____

Email: _____

Address: _____

Company: _____

City: _____ **ST:** ____ **Zip:** _____

Title: _____

Phone: _____

Applicant Certification

I authorize the investigation of all information contained in this application as may be necessary in arriving at a volunteer placement decision. I further authorize the release of any such information without liability. This includes, but is not limited to, references and background checks.

I understand that this application is not, and not intended to be, a contract of employment. I understand that volunteer placement is "at will," meaning I or CAPNM may terminate any volunteer relationship at any time and with or without cause. I understand that I am required to abide by all rules and regulations of Community Action Partnership of Northwest Montana.

Applicant Signature

Date

Please sign and return the full application, background check authorization, conflict of interest agreement and confidentiality agreement. Thank you.

COMMUNITY ACTION PARTNERSHIP OF NORTHWEST MONTANA

BACKGROUND CHECK AUTHORIZATION

I, _____, give Community Action Partnership of Northwest Montana permission to verify my driving record, educational background, and conduct a criminal background check.

I also give Community Action Partnership of Northwest Montana permission to check my volunteer and employment history, and personal references.

(Please Print)

FULL NAME: _____

MAIDEN NAME (if applicable): _____

OTHER FORMER NAMES (list all, if applicable): _____

BIRTH DATE: ____ / ____ / ____

SOCIAL SECURITY #: ____ - ____ - ____

DRIVER'S LICENSE: _____ ISSUING STATE: _____

Signature

Date

Community Action Partnership of Northwest Montana

Conflict of Interest Agreement

Purpose

All volunteers are expected to conduct their activities in such a way to avoid any appearance of, or actual, loss or embarrassment to CAPNM that might arise from improper influence on CAPNM's business decisions or from disclosure or private use of information regarding CAPNM's business affairs or plans. The purpose of this Policy is to protect the interests of CAPNM and to provide guidelines for handling perceived, potential, or actual conflicts of interest.

Covered Individuals

All volunteers of CAPNM are covered by this Policy.

For the purposes of this Policy, "family or family member" is defined as any member of the volunteer's family including spouse, parent, sibling, child, stepchild, grandparent, grandchild, great-grandchild, in-law, or domestic partner.

Covered Transactions

This Policy covers any transactions that constitute a conflict of interest or a duality of interest, both of which are described below. Before taking any action that may constitute a possible conflict of interest or duality of interest, please discuss it with the Volunteer Coordinator, Personnel Officer or Executive Director; they are authorized to provide reliable interpretations of this Policy.

Actions Considered a Conflict of Interest

In general terms, a conflict of interest may occur if an outside interest or activity: (i) influences, appears to influence or has the potential to influence the ability of a volunteer to exercise objectivity or (ii) impairs the ability of a volunteer to perform his or her responsibilities in the best interests of CAPNM.

A volunteer is considered to have a potential conflict of interest when:

- A volunteer or his or her family member has a financial interest including employment by, a consultant to, a representative or agent for, a partner of, holding any office in or deriving any income from any entity doing or seeking to do business with CAPNM that conflict with the interest of CAPNM in any manner.
- A volunteer participates in managerial or consultation services to any outside concern that does business with CAPNM, except with CAPNM's prior knowledge and consent.
- A volunteer receives compensation, gifts, favors, entertainment or other similar benefits of more than a nominal value (\$100 per incident, \$200 accumulated annually by the same vendor, grantee, or consultant) from any outside concern, which does or seeks to do business with CAPNM.
- A volunteer discloses or uses confidential, special, or inside information of or about CAPNM or its clients, particularly for personal profit or advantage.
- A volunteer or his or her family member has an opportunity to influence CAPNM's grant making, business, administrative or other material decisions in a manner that leads to personal gain or advantage.
- A volunteer participates in deliberations or actions resulting in the purchase of goods or services from any organization in which a volunteer or his or her family member has a financial interest.

Duality of Interest

In general terms, a duality of interest may occur when a volunteer or his or her family member has a

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material interest, financial or otherwise, outside CAPNM that could influence or be perceived as influencing the volunteer to act contrary to, or to compromise objectivity to, the interests of CAPNM or for the volunteer's personal benefit or that of a family member or a business associate.

As with conflict-of-interest situations, it is not possible to develop a detailed set of rules that cover all circumstances of duality of interest. An example of duality of interest would be when a volunteer or his or her family member is affiliated with an organization requesting a grant from CAPNM – such affiliation exists if the volunteer or his or her family member (i) is a director, trustee, officer or volunteer of the organization; (ii) has a unofficial role such as significant donor or adviser to the organization; (iii) has an employment relationship or a consultative or advisory arrangement with the organization; or (iv) receives a grant or stipend from the organization.

Board Service

Volunteers are permitted to serve, with or without compensation, on boards of for-profit and not-for-profit organizations.

Volunteers must seek advance approval from the Executive Director of CAPNM before accepting any appointment of board service or before participating in community, charitable and business activities that may or are likely to lead to a conflict of interest or a duality of interest.

Each volunteer serving on a board is expected to be alert to possible conflicts and dualities of interest and bring them to the attention of his or her supervisor and the Personnel Officer. If, in the sole discretion of the Executive Director of CAPNM, the conflict would jeopardize CAPNM's interests, the volunteer will be asked to resign from the board.

Grant Review

If a CAPNM volunteer serves on a board of an organization that has or is seeking a grant from CAPNM, or if a volunteer or his or her family member serves as a representative of an organization that has or is seeking a grant from CAPNM, then during CAPNM's process of reviewing or managing a prospective or actual grant, the CAPNM volunteer may only provide information to inform a discussion about the merits of that application or active grant.

During the volunteer's outside board activities, CAPNM volunteers must not be present during deliberations over a grant application; and must also refrain from voting on or exercising decision-making authority over transactions concerning such an application.

If a volunteer's family member manages a prospective or actual CAPNM grant on behalf of a grantee organization, then CAPNM volunteer related to that family member may not manage the grant on behalf of CAPNM.

Disclosure

In connection with any perceived, actual, or potential conflict of interest or duality of interest, a volunteer must disclose the existence of his or her financial interest or affiliation and all material facts to CAPNM by updating CAPNM's disclosure form annually and as soon as a new affiliation begins, and shall provide additional information as requested. All information so disclosed will be confidential except to the extent necessary for the protection of the interests of CAPNM. Former affiliations should be disclosed for three (3) years after the term of service.

Violations of the Policy

Violation of this Policy, or incorrect or incomplete responses to the disclosure requirement, will be treated as serious misconduct. Please notify the Personnel Officer should you have a question or wish to report a

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Conflict of Interest Agreement**

perceived or actual conflict of interest or duality of interest. CAPNM will utilize the following guidelines:

1. The Personnel Officer shall investigate the facts ad seek legal advice as necessary to fully investigate perceived, potential or actual conflicts of interest or duality of interest ad present recommendations to the Executive Director.
2. If a supervisor has reasonable cause to believe that a volunteer has failed to disclose actual or potential conflicts of interest or duality of interests, the supervisor shall work with superiors, to investigate ad remedy the situation.
3. If, after completing the investigation, the committee determines that the volunteer has in fact failed to disclose, it shall present recommendations to the Executive Director. The Executive Director may take appropriate action, up to and including termination of employment and other remedies provided by law.

1. Name: _____ Date: _____

2. Position: _____

3. I affirm the following:

I have received a copy of the CAPNM Conflict of Interest Policy. _____ (initial)

I have read and understand the policy. _____ (initial)

I agree to comply with the policy. _____ (initial)

I understand that CAPNM is charitable ad in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of tax-exempt purposes. _____ (initial)

4. Disclosures:

a. Do you have a current or potential conflict of interest as defined in the Conflict of Interest agreement with CAPNM? Yes No

i. If yes, please describe it:

I HAVE READ AD UNDERSTAND THE FOREGOING CONFLICT OF INTEREST AGREEMENT, I AGREE TO ITS TERMS, AD MY ACTIONS HAVE BEEN AD WILL CONTINUE TO BE GUIDED THEREBY.

Signature

Date

CONFIDENTIALITY

As part of your responsibility as a volunteer of Community Action Partnership of Northwest Montana, when you may have access to information that is private and confidential and must not be disclosed, except as permitted or required by law.

In order for Community Action Partnership of Northwest Montana to properly serve clients, client and staff medical information must remain confidential. Improper disclosure of confidential medical information can cause damage to clients, Community Action Partnership of Northwest Montana, and you. Client information is strictly confidential in all its forms (e.g. papers, talking, computers, etc.)

As a condition of your volunteer opportunity, you are required to read and comply with the terms of the following Confidentiality Agreement. You should understand and agree to comply with the statement before signing. The signed Agreement will be maintained in your volunteer information file and a copy given to you. Any questions or clarifications should be addressed to your coordinator or the Personnel Officer.

CONFIDENTIALITY AGREEMENT

Client, volunteer, and staff medical and other Agency information from any source and in any form (such as paper, talking, email, and computers) is confidential. I shall protect the privacy and confidentiality all Agency information. Access to this information is allowed ONLY if I need to know it to complete volunteer activities.

In my activity involvement, I may see or hear confidential information on:

- **CLIENTS AND/OR FAMILY MEMBERS**
Such as client medical information, conversations and financial information
- **EMPLOYEES, VOLUNTEERS, STUDENTS, CONTRACTORS, PARTNERS**
Such as salaries, medical information, employment records, disciplinary actions
- **BUSINESS INFORMATION**
Such as financial records, reports, memos, contracts, computer programs, technology
- **THIRD PARTIES**
Such as vendor contracts, computer programs, technology
- **OPERATIONS IMPROVEMENT, QUALITY ASSURANCE, PEER REVIEW**
Such as reports, presentations, survey results

I AGREE THAT:

1. I WILL ONLY access information I need to do my volunteer activities.
2. I WILL NOT show, tell, copy, give, sell, review, change or trash any confidential information unless it is part of volunteer activities. If it is part of volunteer activities to do any of these tasks, I will follow the correct Agency procedure (such as shredding confidential papers before throwing them away).
3. I WILL NOT misuse or be careless with confidential information.
4. I WILL KEEP my computer password secret and I will not share it with anyone.
5. I WILL NOT use anyone else's password to access a Community Action Partnership of Northwest Montana computer system.
6. I WILL NOT disclose any confidential information even if I am no longer a volunteer of Community Action Partnership of Northwest Montana.
7. I KNOW that my access to confidential information may be audited.
8. I WILL tell my coordinator if I think someone knows or is using my password.
9. I KNOW that confidential information I learn volunteering does not belong to me.
10. I KNOW that Community Action Partnership of Northwest Montana may take away my access at any time.
11. I WILL protect the privacy of clients, staff, volunteers and other Agency contacts.
12. I AM RESPONSIBLE for my use or misuse of confidential information.
13. I AM RESPONSIBLE for my failure to protect my password or other access to confidential information.

Failure to comply with this Agreement may result in the termination of my volunteer opportunity at Community Action Partnership of Northwest Montana and/or civil or criminal legal penalties against me. By signing this, I agree that I have read, understand and will comply with this Agreement.

Signature

Date

Printed Name