



VOLUNTEER ENGAGEMENT FORM

Serving Cascade County

417 Central Ave. Ste. 402, Great Falls, MT 59401 ♦ PO Box 1343, Great Falls, MT 59403
406-727-3400 ♦ volunteer@uwccmt.org

Name _____ Date _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Birth date _____ (You must be **at least 55 years old** to be a RSVP volunteer)

Gender _____ Veteran Yes/No (Please circle one) Ethnicity _____

Preferred Volunteer Assignments/Interests/Skills

Work/Volunteer Experience

Days available: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Months not available _____ Hours not available _____

Physical/Medical Limitations

RSVP Accident Insurance Beneficiary

Name _____ Phone _____

Address _____ Relationship _____

Emergency contact & number _____

I verify that the above information is accurate to the best of my knowledge. I hereby volunteer my services through the United Way Retired and Senior Volunteer Program. If I use my car in volunteer service, I will keep in effect the minimum liability insurance. I understand there may be times during my volunteer service that the media may take pictures or film volunteers. If I do not want to appear in the media, it is my responsibility to decline an interview and/or move out of a camera shot.

Volunteer Signature _____

RSVP Staff Signature _____