



**Watson
Children's
Shelter**

2901 Fort Missoula Road • Missoula, Montana 59804
Phone: (406) 549-0058 Fax: (406) 549-1072

VOLUNTEER APPLICATION

Name _____ Date _____
(first) (middle) (last)

Address _____
(street) (city, state) (zip)

Home Phone _____ Cell Phone _____ E-mail _____

Social Security # _____
(If you are working directly with children, we are required to submit a background check)

Place of Employment _____ Work Phone _____

May we contact you at work? _____ Yes _____ No (Check One)

Name of Supervisor _____ Phone _____

Has a civilian or military court ever convicted you of any offence? _____ Yes _____ No

Have you ever been the subject of a report of child abuse or neglect? _____ Yes _____ No

If you answered yes to either question please explain below:

VOLUNTEER EXPERIENCE

Organization _____ Name of Supervisor _____

Type of volunteer work performed _____

Organization _____ Name of Supervisor _____

Type of volunteer work performed _____

EDUCATION

Highest Grade completed: _____ GED _____ High School _____ College _____

Post Grad _____ Course of Study _____

Other formal education/training _____

Do you speak other languages? _____ Yes _____ No - If yes, which language(s)? _____

Please list your interests and community affiliations (group, clubs, service organizations): _____

How did you learn about Watson Children's Shelter? _____

Why do you want to volunteer at Watson Children's Shelter? _____

Dates and Times Available to volunteer _____

What skills, talents and/or interests would you like to share?

Would you be willing to be available for short-term volunteer activities that may not involve the children?
(ie. Filing, assisting with events, stuffing envelopes, etc.) _____

What experience do you have with children? _____

The children we see are in crisis. We often see a variety of behavior including withdrawal, clinging, or acting out. How would you handle a situation where you were reading with a group of children and one began acting out?

What is your philosophy on discipline and children? _____

What things have you done that have given you the greatest satisfaction? _____

What would past supervisors and children tell us about you? _____

As a volunteer how can we help you to make this a positive experience? _____

What are your personal strengths? _____

What are your weaknesses? _____

Is there anything that you'd like to tell us about yourself that we have not covered? _____

Do you have any questions for us? _____

CONFIDENTIALITY POLICY

All personnel share responsibility to protect and assure the confidentiality of information about other personnel, children, and families associated with the corporation. Therefore, all employees and volunteers of the corporation are prohibited from accessing any information or files, or revealing any sensitive information with any other person, without the authorization of the Executive Director. Personnel are expected to comply with this policy in their own behavior, and to advocate for compliance by others.

Please sign below, indicating that you have read, understand and agree to comply with our confidentiality policy.

Volunteer Signature _____ Date _____