

Montana Outdoor Science School Application for Volunteer Service

Name _____	Date _____
Address _____	
City/State/Zip _____	
Day Phone () _____	Evening Phone () _____
E-mail _____	Occupation _____
Are you over the age of 21? If not, when? Y N ____ Birthday (month/day) ____/____/____	
<small>(our insurance requires van drivers to be over the age of 21)</small>	

Please tell us how you found out about MOSS: _____

Do you have any specific goals or outcomes you wish to see as a result of your volunteer experience? No Yes **If yes, what are they?** (This will help us determine placement and plan training opportunities in the future) _____

Educational Background:	
High School _____	Graduation date, or years completed: _____
College _____	Graduation date, or years completed: _____
	Degree/Major _____
Graduate Study _____	Graduation date, or years completed: _____
	Degree/Major _____
Professional Background:	
Place of employment (or most recent employment): _____	
Supervisor _____	May we contact as a reference? _____
If yes, contact telephone: _____	e-mail _____
Additional relevant work experience: <i>(please list)</i> _____	

Prior volunteer experience: <i>(please list)</i> _____	

Reference: Please list a work, school or personal reference that we may contact regarding your application.	
Name: _____	Contact Phone: _____
Relationship to you: _____	E-mail address: _____

I am available to work:

A.M.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
P.M.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Summers only						

The amount of time per month I am interested in volunteering is:

full time	10 or more days/ month	once a week	twice a month	once a month
special events	as needed – schedule varies			

CERTIFICATION *Please read carefully before signing application.*

A. MOSS is an equal opportunity employer.

B. The skill-sets of the applicant will be compared to those skill-sets needed to fulfill current volunteer job descriptions. Placement will be made based on the recommendation of the staff, and the willingness of the applicant to perform the required duties at the times needed by MOSS.

- I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of the application will result in my being eliminated from further consideration. I further understand that, if accepted, any misrepresentation on written applications or in interviews that becomes known to MOSS may result in immediate dismissal.
- I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give a MOSS representative any relevant information regarding my previous employment and job performance.
- I authorize MOSS or a representative of MOSS to perform a Criminal Background Check if my responsibilities may include working with children unsupervised directly by a MOSS employee.
- I agree to abide by existing and future instruction, rules and policies of MOSS. I understand that my position can be terminated at any time, at the option of either MOSS or myself.
- I agree that I offer my services as a volunteer with no expectation of monetary compensation and that I fully understand that I will be required to attend an orientation and department specific training.

I have read and reviewed the above certification statements and other information on the application.

Yes No

Signature of Applicant _____ Date _____

*Submit your application to:
Montana Outdoor Science School
PO Box 502
Bozeman, Montana 59971*

Or programs@outdoorscience.org - You may contact our office at 406 582-0526

Visit our website at www.outdoorscience.org

For office use:

- Criminal Background Check
- Medical Release
- Time Sheet
- Resume on file
- Date Entered _____



STAFF & VOLUNTEER MEDICAL INFORMATION

This information is confidential and will be used only in the event you require assistance. It will not, in any way, act as a condition of your acceptance as an employee or into the volunteer program.

Name _____ Today's Date _____

In case of emergency, contact:

Name _____ Home Phone _____

Relationship _____ Work Phone _____

Name _____ Home Phone _____

Relationship _____ Work Phone _____

Do you require any special accommodations in your work area? ___Yes ___No___

Describe _____

Are you currently taking any medications regularly? ___Yes ___No___

Please list _____

Do you have allergies? ___Yes ___No___

Please list _____

Do you require emergency medication for these allergies? ___Yes ___No___

Please list and describe any medical administration that may be required in an emergency:

Please list any medical conditions of which we should be aware (i.e. seizures, diabetes)

Is there any information that emergency medical personnel would need to know?

___Yes ___No___ Please describe _____

I give my permission to release this information to emergency medical personnel and those persons who serve as my immediate supervisors. ___Yes ___No___

I authorize the administration of First Aid by MOSS staff in the event of an emergency.

___Yes ___No___

Signature

Date