

# WMMHC Volunteer Application [lifeline@wmmhc.org](mailto:lifeline@wmmhc.org)

**Name\***

First Name: \_\_\_\_\_.

Last Name: \_\_\_\_\_.

**Current Address\***

Address: \_\_\_\_\_.

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_.

Phone: \* \_\_\_\_\_.

Email: \* \_\_\_\_\_.

Date of Birth: \* \_\_\_\_\_.

Emergency Contact Name and phone number: \_\_\_\_\_.

Please select what type of volunteering you are interested in (check all that apply). To learn more about these different opportunities, visit our website <https://www.wmmhc.org/volunteer> :

- Lifeline (National Suicide Prevention Lifeline)  Flagship  
 Other:

Are you a current University of Montana Student? \*

Yes  No

If yes, are you hoping to volunteer for credit? Please list instructor name.

Highest Education Received\*

Are you 18 or older? \*

Yes  No

Please tell us more about why you want to volunteer with WMMHC (include any previous volunteer or relevant work experience). \*

How did you find out about this volunteer opportunity? Check all that apply. \*

- Current Lifeline Employee/Volunteer  Friend  Social Media  WMMHC Website  (UM  
Job Site)  Missoula Aging Services  WMMHC Newsletter  Other:

The following sections will ask for your education and work experience. If you prefer, you can choose to upload or email your resume to [lifeline@wmmhc.org](mailto:lifeline@wmmhc.org) and forego the following section(s).

## Education

College/Training Program: \_\_\_\_\_.

Dates: \_\_\_\_\_.

Major: \_\_\_\_\_.

Degree (e.g. BA, MS): \_\_\_\_\_.

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Dates: \_\_\_\_\_.

Major: \_\_\_\_\_.

Degree (e.g. BA, MS): \_\_\_\_\_.

College/Training Program: \_\_\_\_\_.

Dates: \_\_\_\_\_.

Major: \_\_\_\_\_.

Degree (e.g. BA, MS): \_\_\_\_\_.

## Work Experience

Name of Organization: \_\_\_\_\_.

Title: \_\_\_\_\_.

Date range: \_\_\_\_\_.

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Title: \_\_\_\_\_.

Date range: \_\_\_\_\_.

Name of Organization: \_\_\_\_\_.

Title: \_\_\_\_\_.

Date range: \_\_\_\_\_.

## References

Please include contact information for three individuals, not related to you, that you have known in a professional capacity for at least one year.

Full Name: \_\_\_\_\_ \*

Relationship to them: \_\_\_\_\_ \*

Phone Number: \_\_\_\_\_ \*

Full Name: \_\_\_\_\_ \*

Relationship to them: \_\_\_\_\_ \*

Phone Number: \_\_\_\_\_ \*

Full Name: \_\_\_\_\_ \*

Relationship to them: \_\_\_\_\_ \*

Phone Number: \_\_\_\_\_ \*

## Questions and Certification

Do you have any comments or questions for WMMHC?

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any pertinent information, personal or otherwise. I understand that WMMHC is required to do a background check on all personnel and I agree that by providing this information, I am giving WMMHC permission to run this check. I agree to provide my date of birth and social security number in person at the volunteer interview. \*

I agree

I disagree

Signature