



**Eagle Mount Great Falls**  
 P.O. Box 2866  
 Great Falls, MT 59403  
 Phone: (406) 454-1449, Fax: 454-1780  
 eaglemountgf@gmail.com

Area for Office Use Only:	
<input type="checkbox"/> Online Waiver	____/____/____
<input type="checkbox"/> Paper Waiver	____/____/____
<input type="checkbox"/> Background Ck	____/____/____
Media	<input type="checkbox"/> Yes <input type="checkbox"/> No

## VOLUNTEER APPLICATION

VOLUNTEER INFORMATION			
First Name:		Middle Initial:	Last Name:
Date of Birth:			
Address:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height (ft,in):
Weight (lbs):			
City:		State:	Zip:
Home Phone:		Mobile:	Work:
Email Address:			
Check best way(s) to reach you: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Text			
SERVICE (if applicable, check all that apply)			
<input type="checkbox"/> VETERAN <input type="checkbox"/> MILITARY ACTIVE DUTY <input type="checkbox"/> 1 <sup>st</sup> RESPONDER (EMS, Fire, Police) <input type="checkbox"/> Active <input type="checkbox"/> Retired			
PARENT/LEGAL GUARDIAN INFORMATION (IF VOLUNTEER IS A MINOR)			
First Name:		Last Name:	Relationship:
Address (if different than above):			
City:		State:	Zip:
Home Phone:		Mobile:	Work:
Email Address:			
EMERGENCY CONTACT			
First Name:		Last Name:	
Relationship to Volunteer:			
Home Phone:		Mobile:	Work:
OTHER VOLUNTEER INFORMATION			
Availability (Check all that apply. Add additional information under Other):			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday             <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Early Evening			
<input type="checkbox"/> Other: _____			
Allergies:		List any limitations/restrictions that would affect your volunteering:	
Please list volunteer or other experience, if any, that you feel would be helpful to the Eagle Mount programs:			
Special groups/disabilities you would like to work with? <input type="checkbox"/> No preference <input type="checkbox"/> _____			

**Find Us!**

[www.eaglemount.net](http://www.eaglemount.net) or [eaglemountgf](mailto:eaglemountgf@gmail.com) on



Volunteer Name:

**OTHER VOLUNTEER INFORMATION**

Please select the programs/activities you are interested in participating in:

- Featured Programs:**     Horsemanship     Ski/Board     Sled Hockey  
 Tippy Toes (infant/toddler creative movement)     Camp GREAT     Montana Vet Program (MVP)  
**Seasonal Activities:**     Climbing     Bowling     Prom     Pontoon     Rafting

**Other activities of interest (not listed):**

*You will receive detailed program information based on the selection(s) that you make. Some programs will have supplemental questionnaires to assist in providing safe and fun activities. You will be contacted within two weeks of receiving your application.*

**What brought you to Eagle Mount Great Falls?**

**What are your expectations from participating in our programs/activities?**

**What do you currently do for exercise and how often?**

**What are your recreation goals?**

**Have you ever been convicted of any crimes including sexual abuse related offenses?**     Y     N    *If YES, explain:*

A background check is required in order to volunteer within our programs. You can proceed with the background check online at [https://www.coeusglobal.com/council\\_mt\\_eaglemountgreatfalls](https://www.coeusglobal.com/council_mt_eaglemountgreatfalls) or we can do it for you if you sign a paper release.

Initial next to the choice you have made and we will follow up accordingly.

- \_\_\_\_\_ I completed my background check online.  
\_\_\_\_\_ I have signed a paper release for Eagle Mount to proceed with my background check on my behalf.

**ACKNOWLEDGEMENT**

I certify that the information provided on this form is true and correct to the best of my knowledge. Eagle Mount Great Falls reserves the right to verify all information. Anyone who provides false information will be disqualified from participating or volunteering.

✓ I understand that anyone participating in any Eagle Mount activity must have a liability form signed before attending. Media waivers are optional but we hope you sign it so we can share your adventures on our media sites and website. Waivers can be signed online at <https://www.waiverfile.com/b/EagleMountGreatFalls/> or you can download a paper copy from [www.eaglemount.net](http://www.eaglemount.net) or request a paper copy. Once you sign a waiver it is good for one year and can be used for all Eagle Mount activities you attend.

Initial the waiver you have completed:    \_\_\_\_\_ online waiver    \_\_\_\_\_ paper copy

**Printed Name:**

**Date:**

**Signature:**

**If the participant is under 18 or legally incapacitated, this section must also be completed:**

**Parent/ Legal Guardian Printed Name:**

**Date:**

**Parent/Legal Guardian Signature:**

**Relationship:**

Volunteer Name:

**Eagle Mount Great Falls is a Chapter of Disabled Sports USA**

**Notice of Information Practices and Privacy Statement for Eagle Mount Great Falls (EMGF)**

Eagle Mount Great Falls, P.O. Box 2866, Great Falls, MT 59403. [www.eaglemount.net](http://www.eaglemount.net) (406) 454-1449

Programs: Montana Vet Program, Equestrian, Sled Hockey, Ski/Board, Tippy Toes, Camp GREAT, Climbing, Bowling, and any other activity EMGF provides its participants on a one-time or yearly basis.

**How We Collect Information About You:** Eagle Mount Great Falls (EMGF) and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voicemails, and from the submission of applications that are either required by law or necessary to process applications or other requests for assistance through our organization.

**What We Do Not Do With Your Information:** Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voicemails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about participants or volunteers who apply for or receive our services that are considered confidential, is restricted by law, or has been specifically restricted in a signed HIPAA consent form.

**How We Do Use Your Information:** Information is only used as is reasonably necessary to process your application or to provide you with safe recreational adaptive activities which may require communication between EMGF and health care providers, medical product or service providers, and other providers necessary to: verify your information is accurate and determine the most appropriate and safe activities in any of the EMGF programs.

If you apply or attempt to apply to receive services through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

**Information We Do Not Collect:** We do not use cookies on our website to collect data from our site visitors.

**Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources:** Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of EMGF. We reserve the right to use non-identifying information about our participants and volunteers for fundraising and promotional purposes that are directly related to our mission.

No one will be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

I have read and understand EMGF's Privacy Statement.

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**DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR BACKGROUND CHECK****Background Screening Disclosure**

I hereby authorize Eagle Mount Great Falls, through Coeus Global and its designated agents and representatives, to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for student admission, volunteering, employment, promotion, reassignment and retention as a student, employee, independent contractor, consultant, intern or volunteer.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: names and dates of previous/current employment, work experience, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/patriots act, any sanction lists, and drug testing.

Upon request, Eagle Mount Great Falls or Coeus Global, located at PO Box 885, Cottonwood, CA 96022, will supply a copy of the completed consumer report or investigative consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

**Authorization and Release**

I authorize to Eagle Mount Great Falls and Coeus Global the complete release of these records or data pertaining to me which an individual, company, firm, corporation, nonprofit, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout an duration of my student, employment or volunteer placement at Eagle Mount Great Falls.

I certify that all information provided below and on my application is correct to the best of m knowledge. Any false statements provided in this form and my application will be considered just cause for the termination as an employee or volunteer at any time.

This authorization and consent shall be valid in original, fax, or copy form.

The information provided as part of this request for background check is required by criminal courts, law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for an other purpose.

All information provided by Coeus Global shall be in compliance with the Fair Credit Report Act (FCRA) and all applicable Feder, State and local regulations.

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_