



**BIG SKY**  
COMMUNITY ORGANIZATION

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

How often would you like to volunteer:

Weekly  Monthly  Summer season only  Winter season only  One-day events

Other: \_\_\_\_\_

Why would you like to volunteer for BSCO?: \_\_\_\_\_

What do you hope to gain from volunteering? \_\_\_\_\_

What days are you available to volunteer? \_\_\_\_\_

What times are you available? \_\_\_\_\_

What areas of BSCO would you like to volunteer? (check all that apply)

Trails

Office

Historic Crail Ranch

Parks

Camp Big Sky

Natural Resource Council

**References:** (please list 3 - do not include family members)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Depending on area of volunteerism you may be asked to complete a background check.

I hereby affirm that my answers to the previous questions are true and correct and that I have not knowingly withheld any fact or circumstance that would affect my application unfavorably. I understand that any false information may result in my discharge. I hereby give my permission for BSCO to obtain information related to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with the Big Sky Community Organization. I also understand that as long as I remain a volunteer here, they may repeat this criminal history record check at any time. I also consent to the use of any photographs which may be taken to be used by BSCO in any marketing materials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_