



# Montana Conservation Corps

## 2019 Medical Professional Volunteer Application

206 N Grand Ave, Bozeman, MT 59715 • Phone: (406) 587-4475 • Fax: (406) 587-2606  
apply@mtcorps.org • www.mtcorps.org—check out “Youth Programs” and “About” pages for more info.

**Montana Conservation Corps is seeking volunteers with a medical background who can help us assess health and medical information for youth who will be participating in our Youth Expeditions.**

### MCC Expedition Program Overview

Youth who participate in MCC Youth Expeditions have the opportunity to serve, work, and learn in some of Montana’s wildest places. As an Expedition Member, middle and high school youth together with two crew leaders and five peers, work as a crew on projects which conserve public lands. During the process, they gain valuable skills through challenging hands-on projects and rewarding educational opportunities which offer participants the chance to develop job skills, practice small group leadership, and learn about natural resource and recreation



management, while living and working in the outdoors. High School Expedition is open to all Montana youth ages 14 - 17 who have completed the eighth grade. Middle School programming is offered for Montana middle school students ages 12 - 14 who have completed the sixth grade. Crews are based out of Kalispell, Missoula, Helena and Bozeman, though we serve youth from across the state. Participants must have the ability to serve as a contributing member of a team that will be “roughing it” away from home for one, two, or four consecutive weeks, depending on the program.

### MCC Medical Professional Volunteer Opportunities

MCC Expeditions take place in June, July and August. MCC is in need of Medical Professional Volunteers during two phases of the process. These include during the application process as well as on orientation and departure days. With MCC Expeditions based out of the four cities listed above, MCC is in need of Medical Professional Volunteers in all four communities. Volunteers may serve on one or multiple departure days throughout the summer. The time commitment for volunteering is generally less than three hours, typically on a Sunday morning. Volunteers are also invited to attend the Expedition graduation events in order to celebrate with the youth who complete their service experience. Volunteer opportunities include the following:

1. **Medical Consultant:** During the application process for a position on an Expedition crew (January-May), parents/guardians complete a Medical History Questionnaire. MCC staff follow up with parents/guardians any time a medical condition or a medication is mentioned which could pose significant barriers to a youth’s participation on an expedition. There are times when conditions or medications are listed with which MCC staff are not familiar. The Medication Consultant will be available to provide information and/or a recommendation for possible accommodations that would allow a youth to participate.



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2. **Medication Check-in Volunteer:** Prior to departure for Expedition sessions, parents and youth participate in an orientation, generally a week before the crew departs. On the day of departure (June-August), the Medication Check-in Volunteer provides support to the parents, youth, Crew Leaders and staff by facilitating the review and collection of medications which will travel into the field with each youth. While on an Expedition, Crew Leaders retain all medications, other than those which are life-sustaining (such as albuterol inhalers, epinephrine, etc.) They then make medications available to the youth participant at the appropriate times throughout the Expedition, tracking the medication’s use each time. Parents will have provided MCC with a list of medications prior to departure day, and these lists will be cross-referenced during check-in to ensure all anticipated medications are accounted for. Any medications which were not previously listed must be reviewed to determine which condition(s) they treat, any known side-effects, how long the youth has taken the medication, and other relevant information to best provide for the safety of the youth. The Medical Professional Volunteer will facilitate this process.

### Application Process

If you are interested in serving as a Medical Professional Volunteer with MCC this summer, please complete the application and return it to one of our Youth Program Managers. They will contact you within one week. If you have questions, please call us at any of the provided phone numbers.

<b>MCC Contact Information</b> - Any are encouraged to volunteer, regardless of community or location within the state, though volunteer activities will occur in MCC’s four regional cities, below.	
<b>MCC Regional Office</b>	<b>Contact—Youth Program Manager</b>
<b>Bozeman</b> (Greater Yellowstone Region- GY) 2310 N. 7th Ave, Unit D. Bozeman, MT 59715-2550	<b>Holly Black</b> (406) 586-0151 ext 205 holly@mtcorps.org
<b>Helena</b> (Central Divide Region- CD; will also cover Billings programs) 1229 E. Lyndale Ave. Helena, MT 59601-2959	<b>Madie Padon</b> (406) 495-9214 ext 306 madie@mtcorps.org
<b>Kalispell</b> (Northern Rockies Region- NR) 1203 Highway 2 West, #27 Kalispell, MT 59901-3465	<b>Carolan Coughlin</b> (406) 755-3619 carolan@mtcorps.org
<b>Missoula</b> (Western Wildlands Region- WW) 508 Toole Ave. Missoula, MT 59802-2637	<b>Nick Ehlers</b> (406) 728-2720 ext 407 nick@mtcorps.org



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### Volunteer Information

Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Are you currently enrolled as a student?

Yes  No

If yes: Where, what program?  
\_\_\_\_\_

Have you or your child participated in MCC programs previously?  No  I served  My child served

If Applicable: Year \_\_\_\_\_ Region \_\_\_\_\_ Child's name: \_\_\_\_\_

#### How did you hear about volunteering with MCC?

- Newspaper: \_\_\_\_\_
- Email from MCC
- Radio
- Social Media
- Word of Mouth
- School Counselor
- MCC Website
- School Presentation
- Flyer/Poster
- Other: \_\_\_\_\_

#### 1. What interests you most about volunteering with MCC?

#### 2. Have you volunteered in a medical capacity with MCC previously?

Yes  No

If Applicable: Year \_\_\_\_\_ Region \_\_\_\_\_

#### 3. List your experience/skills in medical or health-related fields:

Please continue on the following page



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**4. List any relevant, current licensure or certifications which you hold:**

**5. Have you ever had a license, certificate or employment suspended, revoked or terminated?**

Yes  No

**If yes:** What were the circumstances?

**6. List your experience/skills in backcountry, wilderness or camp settings:**

**7. Have you ever been convicted of any crime related to abuse, assault, mistreatment or molestation?**

Yes  No

Select your availability on the following page



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### Volunteer Opportunity Selection

1. I am interested in volunteering as MCC’s Medical Consultant  Yes  No

2. I am interested in volunteering with Medication Check-In  Yes  No

- All MCC programs are administered out of one of four Montana cities.
- These cities are where MCC youth expeditions begin and end, but the service that youth perform is completed all across Montana, and in some cases, neighboring states.
- **Please place a check to indicate the program for which you are able to volunteer with Medication Check-Ins. Please note that not all programs are available in each city.**



Medication Check-In Volunteer Opportunities				
	Bozeman	Helena	Kalispell	Missoula
<b><u>High School Expedition</u></b> Departure day: June 9 18 youth	Complete	Complete	Complete	Complete
<b><u>High School Expedition</u></b> Departure day: July 14 18 youth				
<b><u>Middle School Expedition</u></b> Departure Day: June 9 6 youth	Complete	Complete	N/A	Complete
<b><u>Middle School Expedition</u></b> Departure Day: June 23 6 youth			N/A	
<b><u>Middle School Expedition</u></b> Departure Day: July 7 6 youth			N/A	
<b><u>Middle School Expedition</u></b> Departure Day: July 21 6 youth	N/A	N/A		
<b><u>Middle School Expedition</u></b> Departure Day: August 4 6 youth		N/A		



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### Authorization to Conduct Criminal History Review

**By signing below you acknowledge the following:**

Participation as a Medical Professional Volunteer with Montana Conservation Corps is contingent upon receipt of the requested documentation and satisfactory results of a criminal history review. In order to secure a Medical Professional Volunteer position with MCC, you must provide a copy of your current license/certification and a government issued photo ID.

**I hereby authorize** Montana Conservation Corps to conduct a criminal history check on me.

**I authorize** MCC to share the results of these checks within the organization only as appropriate. I understand that this check will consist of a check of the National Sex Offender Public Registry. Results are kept confidential and you are entitled to receive and review the information obtained, upon your request. You can visit [www.nsopr.gov](http://www.nsopr.gov) to review the National Sex Offender Public Registry.

**I certify** that the statements made by me on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my eligibility to serve with MCC.

**I understand** my position **does** have authority to have recurring contact with vulnerable populations\*.

\*Vulnerable populations are defined as: Children age 17 or younger, persons age 60 and older, and/or Individuals with disabilities

**I have read and understood all the above information regarding my participation in Montana Conservation Corps youth programming.**

**Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### Confidentiality Statement

Yes  No I understand that I will have access to sensitive medical records and personally identifiable information. I agree not to disclose or share, in any form, any of the information made available to me through my position as a volunteer.

#### Video and Photo Release

Yes  No I allow Montana Conservation Corps to use, copyright, and publish photographs, audio clips, or video images in which I may appear while volunteering for promotional materials, including social media.

#### Volunteer Demographics—Optional

**Which of the following best describes your ethnic origin?**

Not Hispanic, Lantina/o/x, or Spanish

Hispanic, Latinx, or Spanish Origin

**Date of Birth** \_\_\_\_\_

**Which of the following categories best describes your racial origin?**

**Check all that apply.**

American Indian or Alaska Native  Black or African American

Native Hawaiian or Other Pacific Islander  White

Asian or Asian American  Other