|  |  |
| --- | --- |
| **A picture containing shirt, drawing  Description automatically generated** | **Volunteer/Member Application**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Cell Number | ( ) -  |
| Street Address |  | Date of Birth |   |
| City ST ZIP Code |  | Emergency Contact |  |
| E-Mail Address |  | Emergency Contact # | ( ) -  |

**Kindly check all that apply to help us in assisting you:**

🔾 I’m a recovering person (Please share how long you have been sober \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

🔾 I’m an instructor for a class/workshop

🔾 I’m a professional in recovery/treatment field 🔾 I’m a family member of a recovering person

🔾 I would like to volunteer 🔾 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interests**

Tell us in which areas you are interested in volunteering and let us get to know you a little better.

|  |  |
| --- | --- |
| **Volunteering** | **Interests** |
| 🔾 Admin/Front Desk/General Assistance | 🔾 Receive education about substance use disorders and recovery |
| 🔾 Special Events | 🔾 Receive peer mentoring |
| 🔾 Field work/Service projects | 🔾 Support services with addiction in the family  |
| 🔾 Fundraising | 🔾 Recreational sober activities |
| 🔾 Mentor/Coach | 🔾 Building a sober support network |
| 🔾 Hosting a class | 🔾 Life Skills |
| 🔾 Provide peer mentoring | 🔾 Health/Wellness |
| 🔾 Large/small projects | 🔾 Education/Training |
| 🔾 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🔾 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Availability**

During which hours are you available for volunteer assignments?

|  |  |  |
| --- | --- | --- |
| 🔾 Weekday mornings | 🔾 Weekend mornings | Additional notes regarding your volunteer hours in this section.  |
| 🔾 Weekday afternoons | 🔾 Weekend afternoons |
| 🔾 Weekday evenings | 🔾 Weekend evenings |

Have you ever been convicted of a felony? 🔾 Yes 🔾 No (*this does* ***not*** *prevent volunteering*) If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share about yourself and your background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are some of the reasons you applied to volunteer at the Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special trainings or certifications that may be of assistance to our members or to facilitate trainings?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thank you for completing this application form and for your interest in volunteering with us.

For Volunteer/Staff Use

🔾 Signed Application 🔾 Signed Code of Conduct 🔾 Copy of ID 🔾Completed Training

🔾Signed Code of Ethics 🔾Given Volunteer Manual

Available to Start:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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