

VOLUNTEER APPLICATION

*"Volunteers are the only human beings on the face of the earth who reflect this nation's compassion - unselfish, caring, patience and just plain loving one another."
- Erma Bombeck -*

Name _____ Email _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Gender: Male Female

Volunteer Interests:

<input type="checkbox"/> Mentoring of Adults	<input type="checkbox"/> Mentoring of Children	<input type="checkbox"/> Prevention/Education in Schools
<input type="checkbox"/> Family Peer Services	<input type="checkbox"/> Peer Recovery Services	<input type="checkbox"/> Community Prevention/Education
<input type="checkbox"/> Fundraising Events	<input type="checkbox"/> Speaker's Bureau	<input type="checkbox"/> Recovery Aftercare Programming
<input type="checkbox"/> Veteran Services	<input type="checkbox"/> Office Work/Mailings	<input type="checkbox"/> Senior Citizen Friendships

Availability:

Mornings Afternoons Evenings Weekdays Weekends

How many hours, on average, are you available to work each week? _____

Special Skills and/or Qualifications:

Special Certifications:

Past Volunteer Experiences:

Agency _____ Staff Contact _____

Agency _____ Staff Contact _____

Agency _____ Staff Contact _____

Are you currently employed? Yes No

If yes:

Employer _____ Position _____

How long? _____ Supervisor _____ Phone _____

Previous Employer _____ Position _____

How long? _____ Supervisor _____ Phone _____

Have you ever been convicted of any violation of the law except for minor traffic tickets? Yes No

If yes, please give dates and details: _____

Do you have a valid driver's license? Yes No If yes, State and License # _____

Personal References:

Name _____ Phone _____

Address _____ City, State, Zip _____

Name _____ Phone _____

Address _____ City, State, Zip _____

Name _____ Phone _____

Address _____ City, State, Zip _____

I certify that the information provided is true and complete. I authorize the Center for Family Life and Recovery, Inc. to contact employment and personal references listed on this application. I understand that, as a volunteer, I will comply with the policies of the agency and respect confidentiality of all of the agency's clients and consumers. I further understand that submission of this application does not obligate me to accept a volunteer assignment.

Signature of Applicant _____ Date _____