

Volunteer Application – Please print

Your Name: _____ Pronouns: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Email Address: _____

Are you 18 years of age or older? _____

Emergency Contact Name/Relationship: _____

Emergency Contact Phone Number: _____

What interests you in volunteering at the Recovery United Community Center?

Tell us how you are connected to recovery? (Advocate/Ally, person in recovery, family/friend of a person in recovery, etc.)

Do you know anyone that works at the Recovery United Community Center and how were you referred to us?

What kinds of volunteer opportunities are you looking to be involved in here at Recovery United? _____

Which skills of yours are you looking to utilize while volunteering with us?

Please identify the days and times you're available to volunteer:

Monday	AM / PM
Tuesday	AM / PM
Wednesday	AM / PM
Thursday	AM / PM
Friday	AM / PM
Saturday	AM / PM
Sunday	AM / PM

Use the lines below for any additional comments you'd like to share with us:

FOR STAFF USE ONLY

Staff receiving application: _____

Application reviewed by: _____

Date of interview: _____

Does volunteer need proof of hours: _____

Additional comments:

