#  Volunteer Application

To help individuals, families and communities

stop alcohol/drug abuse and addiction.

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| Contact Information |
|  |
| Name |  |
| Address/City/ST/Zip |  |
| Cell Phone (Text Y or N) |  |
| Home/Work Phone |  |
| Email Address |  |
| Are you over 17 years of age (Y or N) |  |

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| Availability |
| During which hours are you available for volunteer assignments? |
|  |
| Weekday mornings | Weekend mornings \_\_\_ Other \_\_\_ Wednesday \_\_\_ Saturday |
| Weekday afternoons | Weekend afternoons \_\_\_ Monday \_\_\_ Thursday \_\_\_ Sunday |
| Weekday evenings | Weekend evenings \_\_\_ Tuesday \_\_\_ Friday |
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| Interests |
| Tell us in which areas you are interested in volunteering. |
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| Clerical/Data Entry |
| Events/Event Prep |
| Marketing/Fundraising |
| Public Speaking |
| Accounting Clerk |
| Hospitality |
| Specialized Skills\_\_\_ Board of Directors\_\_\_ Research  |
| Other (please describe)  |
| Special Skills or Qualifications  |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. (Attach resume, if possible.) Or, list things you’ve always wanted to learn how to do. |
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| Person to Notify in Case of Emergency |
|  |
| Name |  |
| Address/City/ST/Zip |  |
| Cell Phone (Text Y or N) |  |
| Home/Work Phone |  |
| Email Address |  |
|  |  |

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| Agreement and Signature |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. |
|  |
| Name (printed) |  |
| Signature |  |
| Date of Signature  |  |

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| Our Policy  |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. |

## Thank You

Volunteers are the heart of our organization and I enthusiastically welcome your involvement. There are many different ways you can help us, just give us a little bit of time and a lot of your talent. I’ll do my best to match you up with an opportunity that helps BACODA pursue its mission.

Sue Roberts

COO

800-510-3111

Sue.roberts@bacoda.org