



Volunteer Application

Contact Information

Name	
Street Address	
City, ST., Zip Code	
Home Phone	
Cell Phone	
Email	
Best time to contact you:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

Emergency Contact

Who to notify in case of an emergency

Name: _____

Relationship: _____

Phone: _____ (Alternate Phone) _____

Availability (Please check all that applies):

I am available:	<input type="checkbox"/> Mornings (Mon-Fri) <input type="checkbox"/> Evenings (Mon-Fri) <input type="checkbox"/> Once A Week <input type="checkbox"/> Twice A Month
	<input type="checkbox"/> Afternoons (Mon-Fri) <input type="checkbox"/> As needed <input type="checkbox"/> Once A Month <input type="checkbox"/> Special Events
	<input type="checkbox"/> Other : _____

Interests

Tell us which in which areas you are interested in volunteering:

<input type="checkbox"/> Administration	<input type="checkbox"/> Fundraising/ Donations	<input type="checkbox"/> Light maintenance and small repairs
<input type="checkbox"/> Events	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Support /Outreach
<input type="checkbox"/> Programs	<input type="checkbox"/> Newsletter/ Webpage Design/ Social Media	<input type="checkbox"/> Other: (Please specify) _____

Do you have any physical or mental conditions that may limit you when volunteering? Yes No

If yes, please explain: _____

Do you have any allergies and/ or health conditions that may affect you when volunteering? Yes No

If yes, please explain: _____

Previous Volunteer Experience

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



Photo Release

By checking "Yes" or "No", you hereby grant Focus on Friends, an irrevocable license to use your photo or any other form of media now or at any time in the future, in any manner it so chooses and in any medium now existing or later developed.

Do you give Focus on Friends your permission to release your photo on brochures, newsletters, social media and any other promotional materials? _____ Yes _____ No

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.

Agreement & 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 _____

Thank you for completing this application form and for your interest in volunteering with us.



Confidentiality Agreement:

Purpose:

The peer-led recovery center values every peer's right to privacy. For this reason, peers are expected to respect any confidential information that may be obtained from observations, conversations, correspondence and any other sources. Even casual remarks can be misinterpreted and repeated. Therefore, our peers are requested to not discuss any confidential information with others at the recovery center or outside of the recovery center. All peers' records shall be considered confidential and cannot be released without the written approval of the specific peer.

Procedure:

1. Any employee, board of directors, volunteer, or FOF peer of the recovery center will agree to maintain confidentiality and sign a confidentiality agreement.
2. A person, who breaches the Confidentiality Policy, after a gentle reminder, shall be given a verbal warning. Any staff, board of directors or volunteer may issue a verbal warning and will notify the Executive Director of the violation. If the person commits a second violation within a 12 month period, the Executive Director will issue that person a written warning and the person will sign as acknowledgment.
3. A person who has been warned about violating confidentiality shall follow the Grievance Policy procedure to resolve the issue.

Print Name

Signature

Date