



VOLUNTEER APPLICATION

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**Submit Application by dropping off at the front desk or via
Email or Fax to:**

Kate Youman

Volunteer Program Coordinator

kyouman@cforr.org

Office: (512) 422-4426

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Volunteer Program Assistant

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COMMUNITIES FOR RECOVERY is a 501(c)3 non-profit organization that supports long-term recovery for people with substance use and co-occurring mental health conditions by partnering with communities to provide volunteer peer supported recovery programs and services.



VOLUNTEER APPLICATION
Becoming a Volunteer

Please review the following guidelines and sign below, indicating you have read and understand the requirements to become a Peer Support Volunteer at Communities for Recovery.

Phase One: Peer Support Volunteer Application

1. Complete Application
2. Submit Application to the Volunteer Department
3. Schedule personal interview and schedule your orientation session
4. Have your photo taken for identification badge

Phase Two: Background Check Processing

1. Application Processed
2. Background Check Processed

Phase Three: Temporary Active Volunteer Status

1. Attend the Peer Support Volunteer Orientation & Training at Communities for Recovery
2. If you intend to be a meeting lead/facilitator you *must attend* one of each of the following Communities for Recovery Programs before engaging in leading meetings: All Recovery, Coffee Talk, and DRA (at ASH, not CforR)
3. Receive temporary identification badge

Phase Four: Active Volunteer

1. Receive Photo Identification Volunteer Badge
2. Receive Volunteer Opportunities and Emails
3. Maintain Active Status by:
 - i. Undergoing an Annual Peer Support Volunteer Evaluation
 - ii. Continuing to volunteer on a regular basis – you must continue to volunteer at least 2 times per month to be considered “Active.”

Name of Applicant (printed):	
Signature of Applicant:	
Date of Application:	



VOLUNTEER APPLICATION

Personal Information

Required Information

*Today's Date:		*Date of Birth:	
*Name (first, middle, last):			
*Physical Address:			
*City:		*State:	*ZIP:
*Best Phone Number to Call:		Alternate Phone:	
*Email Address:			
Employer:		Employer Phone Number:	

Emergency Contact Information	
*In Case of Emergency, Please Notify:	
*Best Number to Call:	Alternate Phone Number:
*Relationship to You:	

Recovery Information																						
Most Recent Date of Sobriety:	"Home" Recovery Group:																					
<p>Have you ever gone through a treatment program? (substance use or mental health)**</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes - Most recent program attended: _____</p> <p><i>**The applicant's disclosure of this information is strictly voluntary and has no bearing on the applicant's eligibility for volunteer work with Communities for Recovery.</i></p>																						
<p>How did you hear about Communities for Recovery? (select all that apply):</p> <table> <tr> <td><input type="radio"/> Austin Recovery</td> <td><input type="radio"/> Family Drug Treatment Court</td> <td><input type="radio"/> Other (Please Specify) _____</td> </tr> <tr> <td><input type="radio"/> AA/CA/NA/DRA</td> <td><input type="radio"/> Friend or Family Member _____</td> <td></td> </tr> <tr> <td><input type="radio"/> Austin State Hospital (ASH)</td> <td><input type="radio"/> Foundation Communities</td> <td></td> </tr> <tr> <td><input type="radio"/> The Arbor</td> <td><input type="radio"/> Infinite Recovery</td> <td></td> </tr> <tr> <td><input type="radio"/> CforR Volunteer</td> <td><input type="radio"/> Seton Shoal Creek Hospital</td> <td></td> </tr> <tr> <td><input type="radio"/> CforR Website</td> <td><input type="radio"/> Texas Star Recovery</td> <td></td> </tr> <tr> <td><input type="radio"/> DSHS</td> <td></td> <td></td> </tr> </table>		<input type="radio"/> Austin Recovery	<input type="radio"/> Family Drug Treatment Court	<input type="radio"/> Other (Please Specify) _____	<input type="radio"/> AA/CA/NA/DRA	<input type="radio"/> Friend or Family Member _____		<input type="radio"/> Austin State Hospital (ASH)	<input type="radio"/> Foundation Communities		<input type="radio"/> The Arbor	<input type="radio"/> Infinite Recovery		<input type="radio"/> CforR Volunteer	<input type="radio"/> Seton Shoal Creek Hospital		<input type="radio"/> CforR Website	<input type="radio"/> Texas Star Recovery		<input type="radio"/> DSHS		
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Acknowledgement & Consent

Applicant: Please read the following carefully before signing

Application

I certify that the information provided in this Application and any other material submitted to support this Application is correct and complete. I understand and agree that any false statements or material omissions may disqualify me from further consideration for volunteer work and may be considered justification for dismissal if discovered at a later date. Except as otherwise required by law, any identifying information contained in the Application is confidential.

At Will

I understand that this Application in no way obligates Communities for Recovery (CforR) to offer me a volunteer position. I also agree and understand that if a volunteer position is offered to me and accepted, such is for an indefinite term and is solely on at-will basis. I understand and agree that my position may be terminated, by either Communities for Recovery or myself at any time, with or without cause, and with or without notice. I further understand that if provided a volunteer position, no supervisor, manager, or other employee or representative of Communities for Recovery has the authority to change the at-will status of my position without approval in writing.

Miscellaneous

If offered a volunteer position, I agree to abide by any safety rules and other policies and procedures adopted by Communities for Recovery. I understand that should an offer of a volunteer position be made to me, such may be conditioned on the results of a TB health screening to be conducted by Communities for Recovery or a designated agency as well as a background check and orientation training. Factors such as age, color, national origin, mental or physical disability, race, religion, sex, or military status shall not be a factor in determining my eligibility for volunteer work. **PLEASE NOTE- YOU ARE MAKING A COMMITMENT TO HELP OTHERS IN RECOVERY.**

Name of Applicant (printed):	
Signature of Applicant:	
Date of Application:	



VOLUNTEER APPLICATION

Personal History/ Background Check

Do you have a physical or psychological condition which may affect your ability to perform certain volunteer assignments? Yes _____ No _____

Answering yes to this question does not eliminate your from being considered as a volunteer

If yes, please explain: _____

Have you ever been convicted of a crime? Yes _____ No _____

Answering yes to this question does not, in any way, eliminate you from being considered as a volunteer. There will be time to explain during the interview.

Do you agree to a background check/verification? Yes _____ No _____

Communities for Recovery (CforR) values our volunteers and employees. For safety purposes, we require all volunteers and staff to undergo a background check. In order to do this, CforR requires brief access to your social security number.

By completing and signing this document, you acknowledge that CforR will perform a criminal background check. CforR promises to shred your social security number within 48 hours after receiving the background report.

Signature _____ Date _____

(Prospective Volunteer)

Communities for Recovery Use Only			
Run Date	Return Date	Shred Date	Staff Signature

THE PORTION BELOW THE DOTTED LINE WILL BE SHREDDED

Printed Name of Applicant (first, middle, last):

Social Security Number of Applicant:

COMMUNITIES FOR RECOVERY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, SEX, AGE, RELIGION OR DISABILITY.



VOLUNTEER SKILLS AND AVAILABILITY

SKILLS CHECK LIST: (Please check all that apply)

<input type="checkbox"/> Clerical (filing, answering phones, etc.)
<input type="checkbox"/> Computer (data entry, etc.)
<input type="checkbox"/> Helping with Newsletters
<input type="checkbox"/> Planning/working CforR Events
<input type="checkbox"/> PAL (Peer Advisory & Leadership)

<input type="checkbox"/> Group/Meeting Facilitator
<input type="checkbox"/> Art for Recovery
<input type="checkbox"/> OTHER -PLEASE EXPLAIN

HAVE YOU HAD ANY PREVIOUS VOLUNTEER EXPERIENCE? YES ___ NO ___

WHERE? _____

PLEASE DESCRIBE YOUR DUTIES _____

PLEASE CHECK DAY(S) AVAILABLE:

MONDAY _____	TUESDAY _____	WEDNESDAY _____	THURSDAY _____
FRIDAY _____	SATURDAY _____	SUNDAY _____	

ARE YOU WILLING TO BE CALLED IN FOR ADDITIONAL SHORT TERM ASSIGNMENTS?

YES NO



SELF IDENTIFICATION DISCLOSURE

COMMUNITIES FOR RECOVERY (CforR) needs and values inclusiveness and diversity and strives to recruit a volunteer force that mirrors the community we serve. The following information is used solely in connection with our efforts to develop and maintain a diverse and inclusive volunteer force. The applicant can assist CforR in our endeavors by completing this *confidential*, self-disclosure form. ****All information is strictly voluntary and refusal to provide such information will have no bearing on the applicant's eligibility for volunteer work with Communities for Recovery.**

Self-Identification Disclosure (select all applicable boxes): <i>To be completed by applicant – not for interview purposes.</i>		
I	Decline Disclosure	<input type="radio"/> Yes <input type="radio"/> No
II	Gender	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other
III	Ethnicity/National Origin:	<input type="radio"/> African American/Black <input type="radio"/> American Indian/Alaskan <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Caucasian/White <input type="radio"/> Hispanic/Latino
IV	Disabled:	<input type="radio"/> Yes <input type="radio"/> No
V	Veteran:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Vietnam-Era <input type="radio"/> Disabled Veteran

