

**VOLUNTEER APPLICATION
AREA SUBSTANCE ABUSE COUNCIL**

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

In Case of Emergency Contact: _____
(name and phone number)

Volunteer Interests			
Working with Adults	_____	Working with Children	_____
Clerical Support	_____	Client Support	_____
Transporting Clients	_____	Tutoring	_____
Child Care	_____	Recreational Activities	_____
Maintenance	_____	Other	_____

How much time can you volunteer? _____ Hours Per Day _____ Week _____ Month _____

Times/Days available to volunteer: _____

What is your past volunteer experience? _____

Why do you want to volunteer at ASAC? _____

Do you need volunteer hours for Community Service? _____ School Requirement? _____
If yes, how many hours? _____ Completed by when? _____

Skills and Abilities					
Receptionist/Phone	_____	Filing/Sorting	_____	Key Board/Typing	_____
Computer	_____	INTERNET	_____	Research	_____
Painting	_____	Maintenance	_____	Foreign Language	_____

Do you have: A valid driver's license? _____ Car liability insurance? _____

Do you have a record of founded child or dependent adult abuse? _____ yes _____ no

Have you ever been convicted of a felony in this state or any other state? _____ yes _____ no

If yes, what was the conviction? _____

Signature of Volunteer

Date