



PREVENT • TREAT • RECOVER

VOLUNTEER APPLICATION

AREA SUBSTANCE ABUSE COUNCIL

Name: _____ Email Address: _____

Home Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

In Case of Emergency Contact: _____

(Name and phone number)

Volunteer Interests

| | | | |
|---------------------|-------|-----------------------|-------|
| Working with Adults | _____ | Working with Youth | _____ |
| Working with Women | _____ | Prevention Activities | _____ |
| Clerical Support | _____ | Patient Support | _____ |
| Child Care | _____ | Tutoring | _____ |
| Transportation | _____ | Computers/IT | _____ |
| Maintenance | _____ | Other Interests | _____ |

Skills and Abilities

| | | | |
|--------------------|-------|-------------------------|-------|
| Receptionist/Phone | _____ | Keyboard/Typing | _____ |
| Research | _____ | Foreign Language | _____ |
| Filing/Sorting | _____ | Other (include hobbies) | _____ |
| Maintenance | _____ | _____ | _____ |

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? _____

Are volunteer hours needed for: School? _____ Name of School: _____

Community Service? _____ Offense: _____

If yes, how many hours? _____ Start Date: _____ Ending Date: _____

Additional Information: _____



I certify that the information presented in this application is true and accurate.

Signature of Volunteer

Date