



Volunteer Application and Registration

Contact Information

Name: _____

Street Address: _____

City, ST, Zip: _____

Email address: _____

Telephone number: _____ Cell #: _____

Date of Birth: _____

Emergency contact name & number _____

Please check all that apply to help us in assisting you:

___ I'm a recovering person. Length of continuous sobriety _____

___ I'm a family member of a recovering person

___ I'm a professional in the recovery/treatment field

___ I'm an instructor for a class and/or workshop

Other _____

How did you hear about us? _____

Interests

Please tell us which areas you are interested in volunteering in such as:

Administrating/Front Desk/General Assistance; Special events; Fundraising;

Marketing; Custodial; Volunteer Coordinator; Meeting Coordinator

Skills or interests that you may want to contribute as a volunteer

OVER

Availability

Weekday mornings _____ Afternoons _____ Evenings _____

Weekend mornings _____ Afternoons _____ Evenings _____

What are some of the reasons you applied to volunteer at CDRC?

Have you any questions, suggestions or special concerns?

Sign: _____

Date: _____

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