

Volunteer Application

First Name: _____ Last Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Yes No | Do you consider yourself a person with lived experience?

Yes No | Do you have a family member or a loved one who has struggled with substance abuse?

Please indicate your volunteer interests:

- Leading a Support Group
- Recovery Support
- Outreach Volunteer
- Special Events/Fundraising
- Office Support
- Support Driver
- Navigator
- Center Building Committee
- Advisory Board
- Social Media

Availability

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time Availability							