



THE COUNCIL
ON RECOVERY

VOLUNTEER APPLICATION
CONFIDENTIAL

For Office Use Only
Date of Application: _____
Date of Orientation: _____

Contact Information:

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Preferred Name
_____		_____	_____
Street Address		Apt. #	City, State
_____		_____	Zip Code
_____	_____	_____	_____
Home Phone	Work Phone	Cell Number	Email Address

Business Information

Current Occupation _____ Employer _____

Business Address _____

City _____ State _____ Zip _____

Does your company offer a MATCHING GIFT FUND or COMPANY CONTRIBUTION for your volunteer service?
 Yes No

Educational Background:

Level of education:

<input type="checkbox"/> Less than High School	<input type="checkbox"/> College Graduate
<input type="checkbox"/> Currently a High School Student	<input type="checkbox"/> Graduate School
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Business/Technical School
<input type="checkbox"/> G.E.D.	<input type="checkbox"/> Other _____
<input type="checkbox"/> Some College Work	

How did you hear about The Council?

Do you have previous volunteer experience? If yes, please explain.

Emergency Contact Information

Emergency Contact

Phone Number

Relationship

Emergency Contact

Phone Number

Relationship

Volunteer Interest

In what area would you like to volunteer at The Council? *
(check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Assessment & Counseling | <input type="checkbox"/> Prevention Resources & Services & PRC6 |
| <input type="checkbox"/> Grounds keeping | <input type="checkbox"/> Women's & Children's Services |
| <input type="checkbox"/> Workshops & Events | <input type="checkbox"/> Center for Recovering Families |
| <input type="checkbox"/> Workplace Services | <input type="checkbox"/> Wellderly Program |
| <input type="checkbox"/> Triage Help-line | <input type="checkbox"/> Accounting & Administrative Services |

***Note: Volunteer positions do not typically have direct client contact due to licensing requirements.**

Special Skills

Please check all that apply:

Computer skills:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> PageMaker |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> In Design |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Microsoft Access | |

General Office Skills:

- Typing wpm _____
- Answering phones
- Copier/Fax
- Filing/Sorting
- Data Entry
- Other _____

Grounds-keeping skills:

- Mowing
- Edging
- Pruning
- Planting
- Weeding
- Other _____

What other skills or talents do you have that you can offer as a Volunteer?

Do you speak any foreign languages?

Language

Read?

Write?

Language

Read?

Write?

Availability

Can you commit to a regular time each week? _____

Can you volunteer 2 - 5 hours per week? _____

Can you volunteer 3 – 5 days per month? _____

Can you commit to volunteering with The Council for 1 year? _____

Please indicate times and days of the week you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*

*Some Venue events take place on Saturday

Are there any duties that you **cannot** perform? If there are, please explain.

Are you willing to sign a confidentiality agreement about information or people you might see within the scope of your volunteering duties? _____ Yes _____ No

Are you willing to allow The Council to do a background check and/or a drug test depending on the volunteer task? _____ Yes _____ No

I certify that the information contained in this application is correct to the best of my knowledge and understand that if I become a Volunteer of the agency, false statements, misstatements, or omissions on this application shall be considered sufficient for dismissal in accordance with The Council on Recovery's Volunteer Policies. I agree to conform to the rules and regulations of The Council on Recovery and understand that any failure to do so is cause for my termination as a Volunteer. You are hereby authorized to make any investigation on the information contained on this application through any investigation method of your choice.

Printed Name _____ Date _____

Signature _____

Signature of Parent/Guardian (if Volunteer is a MINOR) _____

Email Address: volunteers@council-houston.org

Direct Line: 281-200-9336

Physical address: 303 Jackson Hill Street | Houston, Texas 77007

Mailing address: P.O. Box 2768 | Houston, Texas 77252-2768

713-942-4100 | 713-400-6684 Fax