
Emergency Contact Information

Emergency Contact

Phone Number

Relationship

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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