



Volunteer Application

Date: _____ First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

What is your preferred method for us to contact you?

☐ Phone Call ☐ Text Message ☐ Email ☐ Mail

Is it ok for us to leave a message? Yes ☐ No ☐

Availability:

☐ Sunday: _____

☐ Monday: _____

☐ Tuesday: _____

☐ Wednesday: _____

☐ Thursday: _____

☐ Friday: _____

☐ Saturday: _____

How did you hear about us? _____

Please describe any experience you may have with substance use.

Do you have any medical conditions? (please list) _____



Do you take any medications? (please list) _____

What are your short-term goals? _____

What are your long-term goals? _____

How can ARRC help you achieve your goals? _____

Please list five of your strengths. _____

Please list five of your weaknesses that you would like to work on. _____

Why would you like to volunteer at the ARRC?

Date Received: _____ Approved By: _____