



DE PAUL CREATING FREEDOM FROM DRUG AND ALCOHOL ADDICTION

Volunteer Application

**Thank you for your interest in volunteering with De Paul Treatment Centers.
All information in this questionnaire is kept confidential.**

Personal Information:

Date:			
Name:			
Spouse/Partner Name:			
Address:			
City:		State:	Zip:
Email:			
Home:		Cell:	Other:
Are you over 18? <input type="checkbox"/> yes <input type="checkbox"/> no		Anniversary Date:	Sobriety Date: (if applicable)
Birth Month _____			

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 - 10 am							
10 am - Noon							
Noon to 3 pm							
3 - 5 pm							
Other:							

How did you hear about De Paul:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> De Paul Website | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Craig's List |
| <input type="checkbox"/> Advisor/Counselor/Teacher | <input type="checkbox"/> Friend | <input type="checkbox"/> De Paul Employee |
| <input type="checkbox"/> Hands On Portland | <input type="checkbox"/> Other: _____ | |

Position Desired: *Are you willing to assist in other areas?* Yes No

- | | |
|---|--|
| <input type="checkbox"/> Client Escort | <input type="checkbox"/> Freedom Award Committee |
| <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Golf Tournament Committee |
| <input type="checkbox"/> Exercise Leader | <input type="checkbox"/> Freedom Award Event Support |
| <input type="checkbox"/> Living Yoga Instructor | <input type="checkbox"/> Golf Tournament Award Event Support |

Skills/Interests:

Office Skills:

- Word
- Outlook
- Excel
- Access
- Publisher
- PowerPoint
- Filing/Organizing
- Other : _____

Language:

- Spanish
- Russian
- ESL
- Other: _____

- Newsletter Production
- Graphic Design
- Board Membership
- Committee Membership
- Assist in teaching clients to grocery shop
- Assist in completing job applications/resume
- Mailings
- Other: _____

- Gardening
- Yoga
- Art
- Music
- Nutrition
- Other: _____

Summarize skills you have acquired from employment, previous volunteer work, or through other activities, including hobbies, sports, certificates, training. Feel free to attach a resume or any other material which may help.

Three words to describe your personality:

Previous Volunteer Experience:

Why do you want to Volunteer at De Paul?

Education:

<u>School:</u>	<u>Dates Attended:</u>	<u>Area of Study</u>	<u>Graduate/Diploma/ Certificate?</u>

Work History: (please list for past five years.)

<u>Employer</u>	<u>Dates</u>	<u>Supervisor</u>	<u>Address and Phone</u>

References: (Please do not include relatives.)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>

Emergency Information:

Name:	
Phone:	Relation:
Physician:	Phone:

I, _____ understand that I am applying to participate in a volunteer program and that I am not being compensated for my services. I understand that this application does not guarantee my acceptance as a volunteer.

Signature

Date

Acknowledgement

Please read the following information carefully prior to signing your application. Initial each section and sign at the bottom.

	I certify that I have answered truthfully and have not knowingly withheld, misrepresented, or omitted any information relative to my application, resume, and/or any other materials submitted. I understand that to do so would result in my being eliminated from further consideration as a volunteer. If accepted, any misrepresentation of omission which becomes know to De Paul Treatment Centers, Inc. would result in termination.
	I authorize De Paul Treatment Centers, Inc. to contact any of my prior employers with the exception of: _____ for information regarding my prior employment and any other pertinent information they may have. I hereby release De Paul Treatment Centers, Inc. and previous employers and supervisors and all others acting at their discretion and/or control from any liability for any and all claims of damages or injury that could result from furnishing information to De Paul. I understand that De Paul's acceptance of this application does not constitute an offer.
	I also authorize all current and previous educational institutions, training, schools, certification and/or licensure boards to verify to De Paul Treatment Centers, Inc. information provided in my application, resume, or any other materials submitted either at the request of De Paul or voluntary submissions. I Hereby release De Paul Treatment Centers, Inc. and any previous educational institutions, training schools, certification and/or licensure boards of their representatives from any liability for any and all claims of damages or injuries that may or could result from furnishing information to De Paul.
	I understand that if I am tendered an offer to volunteer I will be requested to take a drug test at the clinic specified by De Paul. I understand that if I have a dilute negative or positive confirmable test, I will not be considered and the volunteer offer will be withdrawn. I also understand that any offer will be withdrawn from me if I refuse to take the test. I understand that a copy of the test results will be furnished on written request. I understand that I may request, in writing and within five days of notification, a retest of the original sample at my own expense.
	I understand De Paul Treatment Centers must complete a criminal background check in order for me to volunteer at De Paul. I understand that if I am accepted a s a volunteer by De Paul, it will be on a probationary status until the background check is complete. I further understand that if the results of my criminal background check do not meet the criteria of De Paul, I may be subject to immediate termination of my volunteer assignment.
	If I volunteer with De Paul Treatment Centers, Inc., I agree to conform to the instructions, rules, and policies of De Paul now and in the future. I understand that if I volunteer I can be terminated at any time with or without cause, and with or without notice at the option of De Paul Treatment Centers, Inc. or myself.

Signature

Date

De Paul treatment Centers, Inc. maintains an EQUAL EMPLOYMENT OPPORTUNITY/DRUG FREE/TOBACCO FREE WORKPLACE: All qualified persons will be considered for employment without regard to race, religion, marital status, sex, age, sexual orientation, national origin, disability, application for worker's compensation benefits or any other legally protected class applicable under federal, state, or local law, regulation, rule or Executive Order or other applicable legal requirement.

