



North Central Vermont Recovery Center
VOLUNTEER APPLICATION

Today's Date _____

The primary role of all NCVRC volunteers/recovery support workers is to be an active and empathetic listener to the people who enter our doors. NCVRC welcomes many people each week and each of them has his/her own story of recovery. Some of the stories are decades old, while others are much more recent. As the only recovery center in Lamoille County, North Central Vermont Recovery Center wants to be a source of comfort and support to anyone who wants and needs it. We rely on our volunteers to fill this role during the 56 hours a week that the Center is open. Thank you for your interest in being a part of the healing that is happening at NCVRC.

As you are completing this application, please know that it is our policy to keep this information confidential.

Name _____ DOB _____ Gender: M / F / O
(circle one)

Address: _____ City _____ Zip Code _____

How can we reach you?

Home phone: _____ Cell Phone: _____

Email _____ Other? _____

Are you a person in recovery? _____

If yes, how long have you been substance free? _____

How did you find out about NCVRC? _____

Emergency Contact: _____

Why do you want to work with the recovery community?

Describe any relevant experience, personal or professional, that would make you an asset to NCVRC's volunteer staff of peer-support recovery workers?

Hobbies, interests, skills, experience: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Personal experience w/ substance use | <input type="checkbox"/> Cooking/baking |
| <input type="checkbox"/> Experience with family member/loved one's substance use | <input type="checkbox"/> Research |
| <input type="checkbox"/> Youth mentoring | <input type="checkbox"/> Community connections |
| <input type="checkbox"/> Technology expertise | <input type="checkbox"/> Arts/crafts |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Administrative work | <input type="checkbox"/> Experience with MAT programs |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Other: |

When are you available to volunteer at the Center?

	Monday	Tuesday	Wednesday	Thursday	Friday
9 am-12 pm					
12 pm-3 pm					
3 pm-6 pm					
Other <i>(please specify)</i>					

	Saturday	Sunday
11 am-1 pm		
1 pm-4 pm		
Other <i>(please specify)</i>		

References/Previous volunteer experience

Tell us about some places where you have previously contributed:

1) Name of a **personal reference** (a long-time friend or relationship)

What is your relationship with that person? _____

That person's phone or email: _____

2) Please tell us about any **previous volunteer experience**:

Where did you volunteer? _____

Where is it located? City/State _____

The name of someone there who we can call as a reference: _____

What is your relationship with that person: _____

That person's phone or email: _____

Other relevant information:

The mission of the North Central Recovery Center is to provide a safe, substance-free environment for people in recovery. It is of primary importance that we insure the safety of the fragile and vulnerable population that we serve. A past conviction will not necessarily prohibit an applicant from becoming a volunteer, as we do believe in a person's ability to turn their lives around. However, we do have an obligation to our participants. In this spirit, we appreciate your answers to the following questions:

1) Have you ever been convicted for a sex offense? Y / N

If Yes, when? _____

2) Have you ever been convicted of a crime that involved significant violence? Y / N

If Yes, when? _____

3) The reputation of the NCVRC hinges on the community's perceptions of our Center and those involved with it. With that in mind, are there any other offenses from your past that we should be aware of? If yes, please briefly describe below.

Signed in agreement that the information you've provided on this application is complete and accurate:

(Volunteer applicant signature) *(Printed name)* *(Date)*

(Signature of supervising NCVRC staff member) *(Printed name)* *(Date)*