

***Our Mission:** Empowering our community to live healthy lives; by providing prevention, intervention, and recovery support services for children and adults.*

VOLUNTEER APPLICATION

CONTACT INFORMATION

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____

Work Phone: _____ Email Address: _____

Are you currently a student? ____ YES ____ NO If a student, where? _____

Are these hours for school credit? ____ YES ____ NO If yes, how many hours are needed? _____

Are you currently employed? ____ YES ____ NO If yes, where? _____

EDUCATION BACKGROUND

Level of Education

____ Less than High School ____ Currently in High School ____ High School Graduate ____ G.E.D.
____ Some College Work ____ College Graduate ____ Graduate School ____ Business/Tech School

How did you hear about SACADA/HCCADA? _____

Do you have volunteer experience? ____ YES ____ NO If yes, please explain: _____

What is your expectation while volunteers with SACADA/HCCADA? _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Phone Number: _____ Relationship: _____

VOLUNTEER INTEREST (CHECK ALL THAT APPLY):

____ Prevention Programs ____ Recovery Support Services Program ____ Education Programs
____ Community Outreach ____ Community Coalitions ____ Data and Research
____ Workshops and Events ____ Clerical Duties ____ Organization

****Volunteer positions do not typically have direct participant contact due to program confidentiality.****

SPECIAL SKILLS

Computer:

___ Microsoft Word

___ Microsoft Excel

___ Microsoft PowerPoint

___ Microsoft Access

___ Canva

___ Other: _____

General Office Skills:

___ Typing WPM: _____

___ Answering Phones

___ Copier/Fax

___ Filing/Sorting

___ Data Entry

___ Other: _____

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

Do you speak, read and/or write any foreign language? If so, which ones? _____

AVAILABILITY

Can you commit a regular time each week? If yes, please indicate times and days of the week you are available:

___ Monday	___ Tuesday	___ Wednesday	___ Thursday	___ Friday

Note: Some activities may take place in a location other than SACADA or HCCADA.

Are there any duties you cannot perform? ___ YES ___ NO If yes, please explain: _____

To ensure safety, we perform background checks on all volunteers.

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions may result in my dismissal as a volunteer, in accordance with SACADA/HCCADA's Volunteer/Internship Policies. I agree to comply with all rules and regulations set forth by SACADA/HCCADA, and I acknowledge that failure to do so may result in the termination of my volunteer status. I hereby authorize SACADA/HCCADA to verify any information contained in this application by any means deemed appropriate.

CONFIDENTIALITY STATEMENT

Volunteers, Interns and Practicum Students of the San Antonio Council on Alcohol and Drug Awareness (SACADA)/Hill Country Council on Alcohol and Drug Abuse (HCCADA) may be exposed to information which is confidential and/or privileged records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. It is the policy of SACADA that such information must be kept confidential both during and after volunteer service, internship and practicum is completed. Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

Printed Name: _____ Date: _____

Signature: _____