



## Volunteer Application

Today's Date \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Name Known by: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you a ERC-Chester Recovery Alumni? \_\_\_\_\_ Sobriety Date: \_\_\_\_\_

What 12 Step groups do you attend? \_\_\_\_\_

Place of Employment \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, dates & charges \_\_\_\_\_

### Availability:

Day \_\_\_\_\_ Time \_\_\_\_\_ Areas of Interest \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### References:

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

**Criminal Record History Release Form:** The Empowerment Resurrection Center of Chester *Volunteer Program* requires volunteers, 18 years and older, to complete a Criminal Record History Release Form to protect our volunteers, clients, and staff. *Note that at the anniversary date of volunteer status, an updated Criminal Release form must be signed for continued volunteer privileges.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Volunteer Guideline Agreement

Thank you for your interest in our volunteer program. We at The Empowerment Resurrection Center of Chester (ERC-Chester) appreciate everything you are doing to assist us in providing a quality rehabilitation program for our clients. Please remember to follow these guidelines, for the integrity of our facility.

1. All volunteers are required to complete a Volunteer Application and Criminal History Release form each year.
2. Volunteers are required to complete a Volunteer Orientation, after acceptance into the ERC-Chester Volunteer Program, (which is held monthly).
3. On arrival, all volunteers are required to sign in with security at the, Administrative Office.
4. Wear ERC-Chester assigned Volunteer Identification.
5. Contact the Office Manager/Volunteer Coordinator, as soon as you know you cannot serve your scheduled volunteer time.
6. Most importantly, always remember that *CONFIDENTIALITY is required by law*. It is also a matter of trust between volunteers, staff and clients.

### Volunteers are PROHIBITED from:

1. SMOKING ~ Absolutely NO SMOKING on ERC-Chester property!!!
2. The use of profane or inappropriate language!!
3. Borrowing, purchasing or receiving anything from a client.
4. Administering medications without proper training.
5. Making *any* phone calls or outside communications for a client to their families, probation officers, lawyers, etc. --(*anyone*)
6. Transporting clients off the property without written prior authorization.

### Volunteers are REQUIRED to Contact the Volunteer Coordinator PRIOR to:

1. Giving, selling or lending *anything* to a client.
2. Donating funds to a client's account.
3. Scheduling outside activities for clients ~ this must be done with the appropriate staff with written approval.

I agree to comply with the above standards and guidelines as a volunteer of ERC-Chester.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Volunteer Coordinator

Date: \_\_\_\_\_

# Volunteer Opportunities

## **Administrative\***

Filing and light office work  
Direct mail campaigns  
Newsletters/Flyers

## **Computer\***

Organize and create Excel spreadsheet of inventory for the lending Library  
Assist with maintenance of Outlook distribution lists  
Social Networking – Facebook/Twitter

## **Speakers**

AA/NA/GA/ Speakers  
Educational Services/Trades

## **Group Leaders**

AA/NA/GA/Alanon Meetings

## **Events\***

Registration desk for hosted presentations  
Refreshment coordinator for family visitations

## **Community Outreach\***

Distribute marketing materials throughout community

\* No direct contact with clients in treatment