

Thorpe Recovery Centre

TRC provides innovative, client centered addiction services for individuals and families through an integrated continuum of care

Volunteer Application

Date: _____/_____/_____
DD-MM-YY

PERSONAL DATA

Last Name			Given Names			<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
Street Address			Apt.			Phone (Home)		
City-Town or Post Office			Province			Postal Code		
E-mail			Phone (cell)			Phone (Work)		
Emergency (Name & Relationship)			Emergency(Phone)			<input type="checkbox"/> Student <input type="checkbox"/> Adult		

PLEASE INDICATE AVAILABILITY BELOW

DAY	MON			TUES			WED			THURS			FRI			SAT			SUN		
	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE
Time																					

Are you currently in Recovery? YES NO

If Yes please indicate your length of sobriety: Under 1 yr 1 yr 2 – 3 yrs 4 – 8 yrs 9+

****Please note a minimum of 1 yr sobriety is required****

Why do you want to volunteer for the Thorpe Recovery Centre?

How did you hear about the Thorpe Recovery Centre?

- Newspaper Internet Alumni Agency Referral Friend/Relative
 Other: _____

If you were referred who referred you?

Name: _____ Phone: _____ Position: _____

TRAITS

Skills:

Do you have any recreational activities skills? Yes No
If yes, please describe:

General Interests:

LANGUAGES

	Spoken	Read	Write	Translations
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVERS LICENSE

Do you have a Driver's License? Yes No
Are you willing to utilize your own vehicle? Yes No
** A Driver's Abstract will be required if assigned duties involve transportation of clients in TRC vehicle**

RECORD OF OFFENSES

Do you have a Criminal Record? Yes No Evidence of offenses may or may not preclude your application.
Background checks will be required for all selected volunteers.

WORK / VOLUNTEER HISTORY

Work Experience:

Profession:

Current Employer:

Position:

Other Volunteer Experience:

Have you ever been an employee, client or former volunteer at TRC? Yes No

If yes, please indicate date: (start) _____ to (end) _____
DD-MM-YY DD-MM-YY

Employee Former Client Volunteer

If a former Volunteer or Employee, please indicate the reason for leaving?

REFERENCES

1. Name: _____ Contact Number: _____

2. Name: _____ Contact Number: _____

3. Name: _____ Contact Number: _____

CONDITIONS OF VOLUNTEER PLACEMENT (Please read carefully)

1. I agree to comply with Volunteer Services requirements and policies as outlined in the Orientation Manual, Position Description and TRC's Code of Conduct.
2. I will be punctual and carry out my duties to the best of my abilities.
3. I will notify TRC of any necessary absence from my services as far in advance as possible.
4. Prior to starting my volunteer placement, I will have attended an orientation.
5. As a volunteer for TRC I agree to abide by and follow the TRC Confidentiality Agreement and Code of Ethics.
6. As a volunteer for TRC I agree to hold in strict confidence, any confidential client and operational information that I may come in contact with in my role as a volunteer.

All of the information contained in this application is true and that the misrepresentation of any part of this application will be just and sufficient cause for termination of my volunteer placement.

I understand that all of my information, personal or otherwise, collected by TRC during the term of my volunteer placement may be viewed by supervising managers within the Centre in considering me for a volunteer position.

I understand that I am not an employee of TRC and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by TRC for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information of this form.

I, hereby release TRC, its staff, Board, donors, sponsors and volunteers from all claims in respect to death, injury, loss or damage to my person or property arising from my participation in programs, classes, activities sponsored by TRC or participation in activities for TRC as an active participant or spectator.

I give TRC permission to obtain or release information pertaining to my volunteer work or the purpose of a reference: Yes No

I consent to have a picture/videotape/interview of me for the purpose of obtaining material which may be used in a brochure, internet web page, news story, feature or broadcast for promotional material for TRC: Yes No

TRC reserves the right to refuse placement.

By my signature I also authorize TRC to conduct a background check of my references and my criminal record if necessary.

If accepted as a volunteer I agree to follow the above.

Signature: _____ Date: _____
DD-MM-YY

Witness(Interviewer): _____

THANK YOU for applying to Thorpe Recovery Centre
4204 54th Avenue, Lloydminster, Alberta, T9V – 2R6
Please submit in person, by Fax: (780) 875-2161 or
Email: kristad@thorperecoverycentre.org