



RECOVERY HOPELINE

VOLUNTEERS NEEDED

Columbia County Pathways To Recovery (CCPR) is excited to have launched a Recovery Hopeline in May of 2017. Callers to the Hopeline receive information about resources available to them regarding addiction and recovery or are assisted with placement into detox or treatment facilities and transportation arrangements. Since its inception, our Hopeline has provided support, compassion and assistance to numerous people as they begin their journey to recovery.

- This is not a crisis hotline and volunteers do not need to have crisis experience to volunteer. Your personal experience or that of dealing with a friend or family member through addiction and recovery can be put to good use here.
- Volunteers will answer calls from their own location using a system developed by us so that there is no need to travel to an office to take Hopeline calls.
- Shifts are 4 hours long and we will take into consideration your schedule and availability before scheduling you for a shift. Shifts are available 9 to 1, 1 to 5, 5 to 9. The Hopeline runs 9am to 9pm.
- Volunteers should have access to a cellphone and a computer with internet access. Volunteers' cell phone numbers are never shared with callers as access is through a special 800 number set up by us.
- Volunteers will take an online training class before being assigned a shift to answer calls.

Send email to columbiapathwaystorecovery@gmail.com to find out more or volunteer



Columbia County Pathways To Recovery, Inc. Recovery Hope Line Volunteer

A Columbia County Pathways To Recovery Hopeline volunteer is responsible for providing information and to identify appropriate resources and referrals to individuals who are struggling with issues related to substance use disorder. The Recovery Hope Line volunteer will answer calls on the Hope Line, respond to emails and text messages, and be responsible for logging caller and referral data into the agency database.

This is **NOT** a crisis line and no crisis work experience is necessary to be a volunteer on the Hopeline

QUALIFICATIONS AND EXPERIENCE NEEDED:

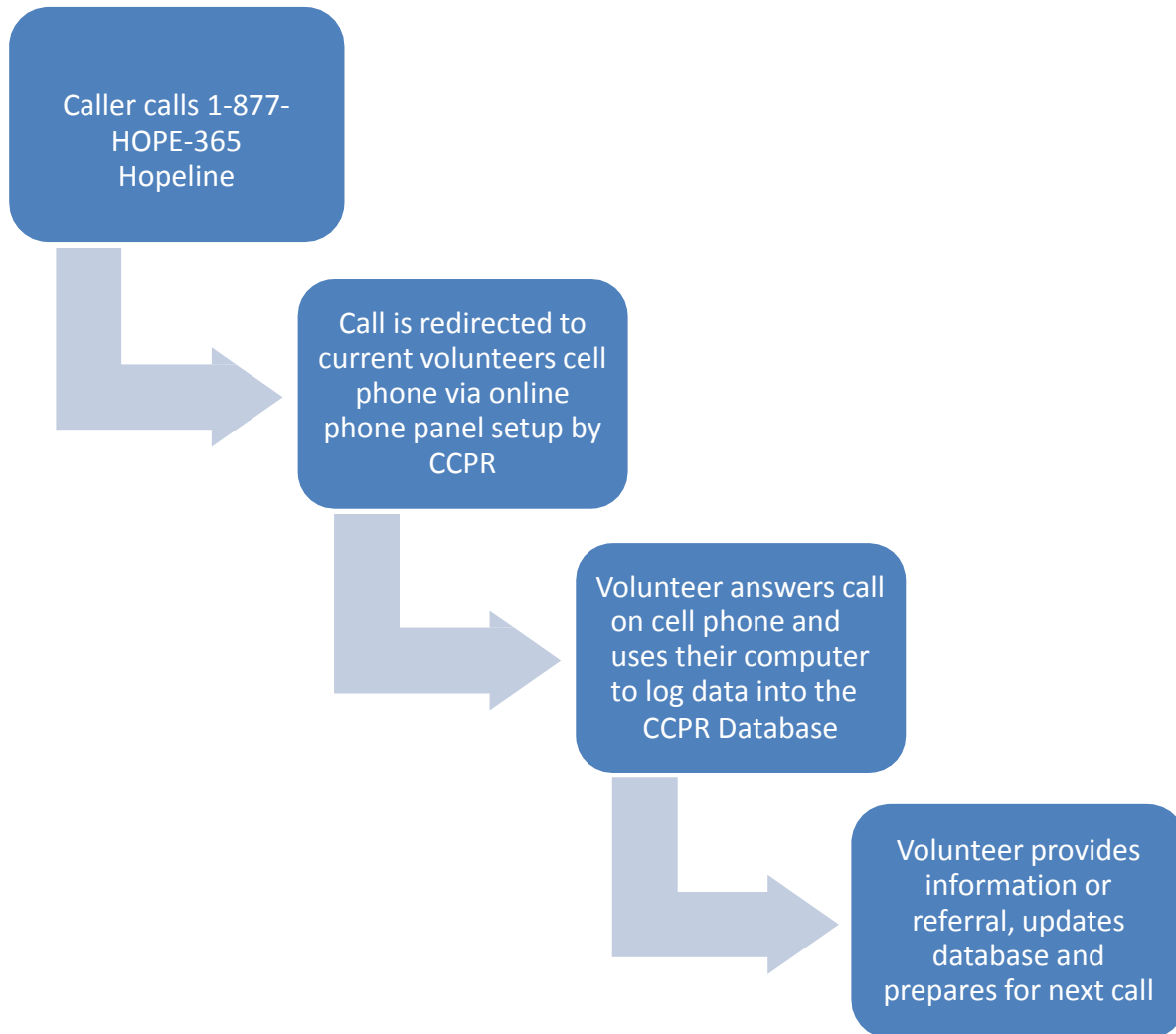
- Access to the Internet and a working computer
- A working cell phone with ability to text
- Some knowledge or experience with the recovery community or with a loved one currently struggling with addiction or currently in recovery.
- Evidence of ability to work with a team of clinical staff and volunteers in a fast-paced environment.
- Excellent communication and interpersonal skills.
- High level of attention to detail.
- Ability to keep all calls confidential and have a high level of integrity where it relates to privacy.
- Willingness to be trained on Hopeline etiquette and recovery community messaging training.
- Educational background in social sciences and/or addiction is a plus but not required
- Experience working in a call center or conducting telephone assessments is a plus but not required.

TRAINING AND PHONE SHIFTS: Volunteers must complete an online training, after the training the Hopeline coordinator will meet with you to make sure the Grasshopper and When I Work apps are set up properly on your phone and ready for use. Once completed, volunteers need to commit to at least one (1) 4 hour phone shift/per week. Shifts are available during the morning, afternoon, or early evening hours, Sunday through Saturday. Although this is a volunteer position, you are expected to be available when you say you will and fulfill the shift you volunteer for (with the exception of emergency situations that may arise). People are depending on you to be on the other end of the phone when they call.

IF INTERESTED: Send cover letter and application to:
Columbia County Pathways To Recovery
Hope Line PO Box 486, Ghent, NY
12075 or
columbiapathwaystorecovery@gmail.com



Flow of Call



At the end of their shift, the Hopeline volunteer uses the online phone panel system to forward the 877-HOPE-365 number to the next volunteer to start their shift and logs out of the CCPR Online database. The volunteer's cell phone number is never exposed to the caller, keeping your number private.



Columbia County Pathways To Recovery
Recovery Hopeline Volunteer Confidentiality
Agreement

This is to certify that I, _____, a volunteer for the Columbia County Pathways To Recovery, Inc. (CCPR), Hopeline understand that any information (written, verbal or otherwise) obtained during the performance of my duties must remain confidential including, but not limited to the following: all information pertaining to Hopeline callers, program participants and their families; any information obtained from the caller or participant during the phone interview; any referrals or contacts with treatment facilities or medical providers.

The confidentiality of all client records maintained by CCPR program is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 132d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § C.F.R. Part 2. Generally, CCPR, may not say to a person outside of the program that anyone contacted the program or solicited help from CCPR, nor disclose any information identifying them as an alcohol and/or substance user, or disclose any other protected information except as permitted by federal law.

I understand that any unauthorized release of this confidential information is considered a breach of the duty to maintain confidentiality and a possible breach of state or federal law. I further understand that any breach of the duty to maintain confidentiality may be grounds for immediate dismissal from the CCPR Hopeline program and/or possible legal action arising out of such breach.

I agree that I have been strongly cautioned against sharing any personal contact information with any caller or participant including last names, phone numbers, email addresses, physical addresses, etc. and that I have been advised to not have personal contact with any caller or participant outside of the CCPR Hopeline program, and that if I do make such contact it is a personal decision and will not be inclusive in any part of the CCPR Hopeline program.

By signing this Confidentiality Agreement, I understand that all participant information received in the performance of my duties as a Hopeline volunteer belongs to CCPR and it cannot, under any circumstances, be disseminated to other outside organizations or be used for my own personal use or monetary gain.

Volunteer Signature: _____ Date: _____

Volunteer Printed Name: _____

COLUMBIA COUNTY PATHWAYS TO RECOVERY IS A COMMUNITY COMMITTED TOWARD BUILDING THE MANY PATHWAYS TO
STRATEGIES AND SOLUTIONS FOR THE ADDICTION CRISIS IN COLUMBIA COUNTY, NY.

columbiapathwaystorecovery.org | info@columbiapathwaystorecovery.org | (518) 966-2775



Recovery Hope Line Volunteer Application

GENERAL INFORMATION

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you at least 18 years of age?: No Yes Date of Birth _____

Describe previous or current volunteer experience. _____

PERSONAL AND PROFESSIONAL REFERENCES

Please provide two non-family references. May we contact? Yes No

Personal Reference:

Name: _____ Name: _____

Phone: _____ Phone: _____

E-mail Address: _____ E-mail Address: _____

Relationship to you: _____ Relationship to you: _____

MISCELLANEOUS

Foreign languages you speak fluently (if any): _____

Do you have a SmartPhone? Yes No If yes, which one? Android or Apple

Do you have cell service at your home? Yes No

Do you have a computer with Internet Access? Yes No



Describe any specialized training or skills that you think might be useful:

Have you ever been convicted of a felony or gross misdemeanor? Yes No
(Conviction will not necessarily disqualify an applicant from
volunteering.)

If yes, please explain: _____

COMMITMENT

Upon successful completion of training, Hopeline volunteers will be asked to volunteer for a rotating shift on calls based on their availability. This involves at least one 4 hour shift per week. Are you able to make this commitment? Yes No

AVAILABILITY

Please check the box for the days and times you are generally available to volunteer:

Morning shifts are 9-1, Afternoon are 1-5 and Evening is 5-9.

SUN	MON	TUE	WED	THUR	FRI	SAT
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>
Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>



EDUCATION

What is the highest level of education you have completed?

- ☐ Did not complete high school ☐ Associate's degree Technical degree
☐ High school or G.E.D. ☐ Bachelor's degree Post-graduate degree

Are you currently in school? Yes No (if no, skip to next section) Current School(s):

School	Dates	Field	Degree

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application at the discretion of Columbia County Pathways To Recovery. I understand that false or misleading information given in my application or interview(s) may result in dismissal as a volunteer. I understand, also, that I am required to abide by all rules and regulations of Columbia County Pathways To Recovery.

Signature of Applicant

Date



PLEASE PRINT CLEARLY

NAME: _____ **DATE OF BIRTH:** _____

Due to the nature of Hopeline work, we need to ask you for some fairly personal information. The following questions will help you and our staff assess your suitability for telephone work. All of the information is strictly confidential and will **NOT** be shared with anyone other than CCPR Staff. Please be as candid and as complete as possible.

Will you be able to attend a training session? Yes No

We are interested in your overall availability to take on a weekly shift and fulfill your responsibilities. Please check the items below that apply to you:

I am a college student

I am retired or unemployed

I work full-time days

I have other volunteer responsibilities

I work full-time nights

I have other commitments that seriously limit my availability

I work part-time

I travel often and would need to find subs frequently

Other (please specify) _____

Please describe any experience you have with the recovery community or with a loved one battling addiction _____



From time to time, everyone has had a crisis in their life. Please describe a crisis situation in your life and how you dealt with it.

Complete the following statements, clarifying your feelings:

- A. People who contemplate suicide are:

- B. The use of any drug is:

- C. Drug addiction is:

- D. If I were anxious about a personal problem, I would:

Is there anything else that you would like us to know?

SIGNATURE

TODAY'S DATE

Return to:

Columbia County Pathways To Recovery
Hope Line PO Box 486, Ghent, NY
12075
or