## **Journeys Recovery Home Volunteer Application Form**

## **Contact Information:** Name \_\_\_\_\_ Address \_\_\_\_ Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email Address \_\_\_\_\_ **General Information:** 1. How did you hear about Journeys Recovery Home? 2. Why are you interested in volunteering at the Journeys Recovery Home? 3. What personal skills and/or volunteer experience do you have which you believe will make you a suitable candidate for this role? 4. Do you identify as being a person with lived addiction recovery experience?

5. Please tell us a little about your educational background.

6. What volunteer roles are you most interested in?
□ NA/AA/CA Group Facilitation – Volunteers with appropriate experience are invited to present house meetings on a given topic/area of interest in alignment with NA/AA/CA. These can be presented as a single event or as a series.
□ <b>Peer Support</b> – this involves working with Journeys Recovery Home staff to engage with and support clients and can include participating in Journeys Recovery Home in-house programs alongside clients, and/or outreach.
☐ <b>Special Events</b> – Journeys Recovery Home will be hosting and participating with community events which require volunteers. Some are for raising awareness and others are for raising funds.
□ <b>Donations/Funding</b> – Journeys Recovery Home is looking for volunteers to help reach out to people and organizations within the community for assistance with food, clothing and other donations as well as finding monthly sponsors to assist in finances for JRH.
☐ <b>Meals and Cooking</b> – We are looking for volunteers to donate or provide meals for Journeys Recovery Home.
□ <b>Drivers</b> – We are looking for volunteers to provide rides to and from outside meetings or appointments for clients when needed.

7. How many hours per week/month can you commit to volunteering at Journeys Recovery Home?

## The following steps are required of Journeys Recovery Home volunteer candidates:

- 1. Submit a completed volunteer application form by email to <a href="mailto:journeysrh@gmail.com">journeysrh@gmail.com</a>
  Or by mail to- 20 Joseph St, Chatham Kent, ON N7L 3G5
- 2. Attend a volunteer interview scheduled with our Volunteer Coordinator.
- 3. Participate in volunteer training.

## Please read carefully and sign:

I confirm to the best of my knowledge that the information I have given in this application is correct. I understand and agree that any omission or misrepresentation may be cause for the refusal of volunteer placement.

Applicant	
Witness _	_
Date	

Thank you for your interest in volunteering at the Journeys Recovery Home.

Address: 20 Joseph St, Chatham Kent, ON N7L 3G5

Email: journeysrh@gmail.com

Phone: 226-506-4984

