



The Addictions Care Center  
of Albany, Inc.

**VOLUNTEER APPLICATION**

PLEASE PRINT NEATLY, LEGIBLY AND IN PEN. BE SURE TO SIGN THIS APPLICATION ON THE LAST PAGE.

ALL STATEMENTS MADE BY APPLICANTS ON THIS FORM WILL BE CHECKED FOR ACCURACY.

*The ACCA maintains a drug, alcohol and tobacco-free work environment.*

NAME (PRINT) \_\_\_\_\_

LAST NAME

FIRST NAME

DATE

ADDRESS \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST FIVE (5) YEARS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE ACCA? \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A VOLUNTEER POSITION WITH ACCA IN THE PAST? \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE OF APPLICATION \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY ACCA IN THE PAST? \_\_\_\_\_ YES \_\_\_\_\_ NO DATES OF EMPLOYMENT (FROM/TO) \_\_\_\_\_

ARE YOU A STUDENT? \_\_\_\_\_ YES \_\_\_\_\_ NO DATE OF BIRTH \_\_\_\_\_

WHAT SCHOOL DO YOU ATTEND? \_\_\_\_\_

WHAT GRADE OR YEAR ARE YOU IN? \_\_\_\_\_

LIST ANY HOBBIES OR INTERESTS \_\_\_\_\_

WHAT SKILLS, TRAINING OR KNOWLEDGE DO YOU WISH TO UTILIZE HERE? \_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER HERE? \_\_\_\_\_

HAVE YOU DONE VOLUNTEER WORK AT ANOTHER NON-PROFIT? \_\_\_\_\_ YES \_\_\_\_\_ NO IF SO, WHERE? \_\_\_\_\_

WHERE DID YOU HEAR ABOUT OUR AGENCY? \_\_\_\_\_

DAYS AND HOURS YOU ARE AVAILABLE TO VOLUNTEER:

HOURS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:							
TO:							

DATE AVAILABLE TO BEGIN VOLUNTEERING \_\_\_\_\_

ARE THERE ANY REASONS WHY YOU WOULD NOT CONSISTENTLY ARRIVE FOR VOLUNTEER ASSIGNMENT ON TIME ACCORDING TO THE CONFIRMED SCHEDULE?

\_\_\_\_\_ YES \_\_\_\_\_ NO PLEASE EXPLAIN \_\_\_\_\_

IF YOU HAVE A DISABILITY, WHAT ACCOMODATION(S) WOULD YOU NEED TO VOLUNTEER WITH ACCA? \_\_\_\_\_

PLEASE PROVIDE THREE (3) PERSONAL OR PROFESSIONAL REFERENCES:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ PERSONAL OR PROFESSIONAL RELATIONSHIP: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME \_\_\_\_\_ PHONE (W) \_\_\_\_\_ PHONE (H) \_\_\_\_\_

MEDICAL INFORMATION WE SHOULD BE AWARE OF IN CASE OF AN EMERGENCY (ALLERGIES, SPECIAL MEDICATIONS, AND/OR CONDITIONS):

\_\_\_\_\_  
\_\_\_\_\_

*I authorize the use of any information in this application to verify my statements, and I authorize all references, and any other persons to answer questions asked concerning my ability, character, reputation, and previous employment record. I release such persons from any liability or damages on account of having furnished such information.*

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**For ACCA, Inc. Use**

INTERVIEW DATE \_\_\_\_\_ WITH \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VOLUNTEER START DATE \_\_\_\_\_ VOLUNTEER END DATE \_\_\_\_\_

DUTIES \_\_\_\_\_ PROGRAM /SUPERVISOR \_\_\_\_\_