



198 Wethersfield Avenue
Hartford, CT 06114
860-244-2227 860-244-CCAR
860-244-2228 Fax
1-800-708-9145
ccar2005@ccar.us

Dear Prospective Volunteer,

We appreciate your interest in joining the dedicated volunteers of CCAR. Volunteers are our most valuable resource and an essential ingredient in meeting our mission. We want to ensure that as a volunteer, your time is well spent. To achieve this goal, we ask you to make a minimum commitment of three hours per week for 6 months or through completion of the event you are working on.

In order to begin the process of joining our dedicated core of volunteers we ask that you fill out the enclosed volunteer application, fill out and sign the attached Volunteer Reference Request form and return the forms to:

Connecticut Community for Addiction Recovery (CCAR)
Attn: Volunteer Manager
198 Wethersfield Avenue
Hartford, CT 06114

Once we receive your application and the reference form we will call you to schedule a personal interview and orientation session. We look forward to discussing your contribution to our mission in person.

Sincerely,

CCAR Volunteer Manager
(860)244-2227
ccar2005@ccar.us
www.ccar.us

CCAR
Connecticut Community for Addiction Recovery

Application for Volunteer Service

Volunteer Location: (please circle one): **Windham** **Bridgeport** **Hartford**

Name: _____
Last First MI

Address: _____
Street City/Town Zip Code

Telephone: (Home) _____ (Other) _____

E-Mail Address _____ Date of Birth ____/____/____

Notify in an Emergency: _____
Name Telephone

Your Physician: _____
Name Telephone

Employer: _____
Name Telephone

Where did you hear about CCAR? _____

Skills Checklist: (Please check only those areas in which you are competent)

____ Arts/Crafts ____ Recreation/Social ____ Education ____ Special Interest
____ Entertainment ____ Service/Trades ____ Leadership ____ Advocacy
____ Office Help ____ Computers

Have you had any previous volunteer experience? **Yes** ____ **No** ____
Where? _____ Please Describe Your Duties:

Please Check Day(s) available: Specify Mornings, Afternoons, or Evenings:
Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____

Are you willing to be called in for additional short term assignments?
Yes ____ **No** ____

Personal History:

Do you have a physical or psychological condition which may affect your ability to perform certain volunteer assignments? **Yes** ____ **No** ____
Answering yes to this question does not eliminate you from being considered as a volunteer.

If yes, please explain:

Have you ever been convicted of a crime? **Yes**_____ **No**_____

Answering yes to this question does not eliminate you from being considered as a volunteer. There will be time to explain during the interview.

Do you agree to a background verification? **Yes**_____ **No**_____

Demographic Questions:

Race: (circle one): **White African American Hispanic/Latino Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander Other**

Ethnicity (circle one): **Puerto Rican Cuban Mexican Other Non-Hispanic**

Education (Circle one):

Non-High School Graduate High School Diploma/GED Some College

Associate’s Degree Bachelor’s Degree Master’s Degree

Veteran? **Yes No**

Household Income: (Circle one) **0-5,000 5-10,000 10-15,000 15-20,000 20-30,000 30-50,000 over 50,000**

Employment Status (Circle one):

Employed Full Time (35+ hrs/week) Employed Part-Time (<35 hrs/week)

Unemployed (looking for work) Unemployed (disabled) Retired

Signature_____ Date:_____ (Prospective Volunteer)

Connecticut Community for Addiction Recovery does not discriminate on the basis of race, color, national or ethnic origin, sex, age, religion, or disability.

FOR CCAR OFFICE USE: PLEASE DO NOT WRITE BELOW

Comments Regarding Interview or Placement:

SITE_____

INTERVIEWER_____

ORIENTATION DATE_____

INTERVIEW DATE_____

ASSIGNMENT_____

START DATE_____

DAYS/TIMES_____

TRAINING_____

SUPERVISOR_____

CODE OF ETHICS_____

CONFIDENTIALITY STATEMENT _____

Connecticut Community For Addiction Recovery
Volunteer Reference Request

I hereby authorize CCAR to contact the following persons, schools and/or places of employment who may aid CCAR in determining a suitable volunteer placement for me. I hereby release from any liability and hold harmless any and all individuals and/or organizations from any and all liability for providing the requested information. I hereby consent to the release of such information.

Applicant Signature

Date

PLEASE LIST TWO REFERENCES. PLEASE DO NOT LIST RELATIVES.

REFERENCES:

1. Name _____
Telephone (W) _____ (H) _____

Current Employer Previous Employer Teacher Other
Company/Agency/School _____
Dates Employed/Attended _____
Comments From Reference:

2. Name _____
Telephone (W) _____ (H) _____

Current Employer Previous Employer Teacher Other
Company/Agency/School _____
Dates Employed/Attended _____
Comments From Reference:

