Mission Addiction - Volunteer Information Collection

Name			Telephone				
Email							
Why are you interested in helpi	ng in the field of add	diction and/or wit	h this Christian no	onprofit organizat	ion?		
What subjects or passions inter	est you most?						
(Check all that apply)	Help Line	Treatment	Lay Counseling & Coaching	Support Meetings	Grandparent/ Kinship Support	Prayer and/or Grief Support	
	0	0	0	0	0	0	
	Navigation & Referral Svcs	Hospital E.D.s	Doctors & MAT	LE & 1st Responders	Courts & P.O.s	Jail & Reentry	
	0	0	0	0	0	0	
	Aftercare Programs	Program Dev/ Teaching	Job Transitions	Transitional Housing	Other Transitions	Transportation	
	Sober Social Events ••••••••••••••••••••••••••••••••••••	Outreach	Other Special Events	Serve-a-Family	Recognition •	Knowledge Management	
	J		J	0		J	
	Prevention	Early Intervention	Harm Reduction	Supply Reduction	Legislation	Insurance Issues	
	0	0	0	0	0	0	
Other							
What skills and experience can	you offer?						
(Check all that apply)	MS Office	Writing	Internet Research	Fundraising	Grant writing	Social Media	
	0	0	0	0	0	0	
	Website	CRM System/ Mailing Lists	Marketing	PR	Information Technology	Accounting/ Bookkeeping	
	0	0	0	0	0	0	
	Management/ Team Leader O	Financial Analysis O	HR, Recruiting, Onboarding	Volunteer Coordinator	Program Dev/ Teaching	Networking/ Ambassador	
		1			I	1	
	Exec/Admin Assistant	Process Mgmt/ Six Sigma	Peer Support/ Case Mgmt	Customer Service	Nonprofit Experience	Startup Experience	
	0	0	0	0	0	0	

What is your availability for meetings (or calls), either inperson or virtual?	8-5:00	Evenings	Saturday	Other						
(Check all that apply)	0	0	0	0						
How many hours/week can you realistically contribute?	0-5	5-10	10-20	20-30	30+	Special Projects or Events Only				
(Choose the best answer)	•	0	0	0	0	0				
Are you available in-person or virtual (by phone, video conference)?										
(Choose the best answer)	In-person Only	Virtual Only	Both							
	0	0	0							
Please indicate your communicat (Check all that apply)	ion preferences. Email O	Phone O	Text O	Facebook O	Other O					
Please check the following techn	ology that you hav									
(Check all that apply)	Skype	Google Hangouts	Google Drive							
	0	0	0							
Where are you from?	Family/ Friend Side	Recovery Side	Both	Neither						
(Choose the best answer)	•	0	0	0						
Do you need to share anything m Do you have any relevant work ex			at else do you thi	nk we should know	about you?					

Return to antara@mission-addiction.org Thank you for your time and interest!



Anything is possible when we walk together™