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 intere	est you most?					
(Check all that apply)	Marketing/ Fundraising	Networking/ Ambassador	Treatment	Lay Counseling & Coaching	Support Meetings	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 O	Program Dev/ Teaching	Job Transitions	Transitional Housing •	Other Transitions O	Transportation O
	Sober Social Events	Outreach	Special Events	Serve-a-Family	Recognition	Knowledge Management
				<u> </u>		
	Prevention	Early Intervention	Harm Reduction	Administration/ Office Mgmt	Help Line	Legislation
	0	0	0	0	0	0
Other						
What skills and experience can y	vou 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
		·	.	-	-	-
	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	0
Are you available in-person or vir	tual (by phone, vid	eo 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 e	•		at else do you thi	nk we should know	about you?	

Return to Edward@Mission-Addiction.org Thank you for your time and interest!



Anything is possible when we walk together™