



Volunteer Sign up and Waiver Form

Form **MUST** be completed **BEFORE** volunteering for any Network for Family Recovery event.

Incomplete applications will not be processed.

Fax to 832-286-0436 or mail form to 6727 Theall Road, Houston, Texas 77066

Are you volunteering as part of a company/group? No Yes (specify) _____

Personal Information: Please Print

Last Name	First	M.I.	M/F	Today's Date
Mailing Address		Apt. #	City	State
Home Phone		Business Phone		Mobile Phone
Date of Birth	Are you involved in a 12-Step Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address		I prefer to be contacted by: <input type="checkbox"/> Email <input type="checkbox"/> Phone
Employer:		Position:		
Are you multilingual? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify language)		_____ Speak _____ Read _____ Write		
Do you have any health issues we should be aware of? <input type="checkbox"/> None <input type="checkbox"/> Yes (specify): _____				

Name of person to contact in case of an emergency:

Last Name	First	Relationship
Daytime Phone Number		Evening Phone Number

How did you hear about volunteering at Network for Family Recovery? Please check which one applies:

<input type="checkbox"/> NFR's Volunteer	<input type="checkbox"/> NFR's Website	<input type="checkbox"/> Newspaper
<input type="checkbox"/> TV	<input type="checkbox"/> Work	<input type="checkbox"/> School/College
<input type="checkbox"/> Other, please explain: _____		

Information about your volunteer interests:

Please describe in detail why you are interested in volunteering here at Network for Family Recovery. _____ _____ _____
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Information about your interests/skills/experience and availability:

Skills

Please indicate if you have experience or would feel comfortable in the following areas:

_____ In support areas...please denote which specific area: _____
 _____ Fundraising _____ Public Speaking _____ Journalism
 _____ Care Coordinator _____ Photography _____ Public Relations
 _____ Teaching _____ Special Events _____ Clerk/General Office

Please list your experiences or skills that relate to the preference indicated previously including relevant licenses and certificates:

Please list your current volunteer roles with location (if any) and list your previous volunteer roles:

Please circle the most appropriate day and shift that you would be available to volunteer:

Mornings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Afternoons: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Evenings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

References:

I understand that Network for Family Recovery requires information from me to evaluate my qualifications for volunteer service.

I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and if applicable, driving history.

Please print the **COMPLETE** mailing addresses of three people we may contact (**excluding relatives and room-mates**) who have known you for more than two years. Local references preferred.

Name: _____ Relationship: _____
 Address: _____ City: _____ St. & Zip _____
 Telephone: (_____) _____

Name: _____ Relationship: _____
 Address: _____ City: _____ St. & Zip _____
 Telephone: (_____) _____

Name: _____ Relationship: _____
 Address: _____ City: _____ St. & Zip _____
 Telephone: (_____) _____

Applicant's Consent

Applicant: Please read the following carefully before signing.

I hereby voluntarily and without duress agree to all the following terms. Any term listed below not in compliance with applicable laws will be void, but in no way affect any other terms.

Application

I certify that the information provided in this Application and any other material submitted to support this Application is correct and complete. I understand and agree that any false statements or material omissions may disqualify me from further consideration for volunteer work and may be considered justification for dismissal if discovered at a later date. Except as otherwise required by law, any identifying information contained in the Application is confidential.

Employment at Will

I understand that this Application in no way obligated NETWORK FOR FAMILY RECOVERY to offer me a volunteer position. I also agree and understand that if a volunteer position is offered to me and accepted, such is for any indefinite term and is solely on an at-will basis. I understand and agree that my position may be terminated, by either NETWORK FOR FAMILY RECOVERY or myself and/or the family I volunteer with, with or without cause, and with or without notice. I further understand that if provided a volunteer position, no supervisor, manager, or other employee or representative of NETWORK FOR FAMILY RECOVERY has the authority to change the at-will status of my position without approval in writing by the Chairman and that any oral promises purporting to change my at-will status are not binding upon NETWORK FOR FAMILY RECOVERY.

Miscellaneous

If offered a volunteer position, I agree to abide by any safety rules and other policies and procedures adopted by NETWORK FOR FAMILY RECOVERY. I understand that should an offer of a volunteer position be made to me, such may be conditioned on a designated agency as well as a background check. Factors such as age, color, national origin, mental or physical disability, race, religion, sex or military status shall not be a factor in determining my eligibility for volunteer work. I understand that the nature of volunteer activities that may be performed during a NETWORK FOR FAMILY RECOVERY event may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of personal injury. Knowing this, I hereby assume any and all risk. In addition, I hereby keep harmless the said Affiliate and any of its partners, agents, sponsors, board members, and successors from any and all liability claims, judgments or responsibility for any such accident or injury. I also understand that a volunteer may accept no gifts or monies from the family.

Signature of Applicant

Application Date

**Thank you for your interest in volunteering with Network for Family Recovery.
We appreciate your offer to share your time and talents with us.**

Background Investigation

I understand, in consideration of my application, a background investigation will be conducted.

I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, State or Local justice agency, driving history, performance of medical examinations, drug screening or reference verification.

I authorize Network for Family Recovery to conduct the background investigation and release NFR from responsibility for this investigation.

I agree to cooperate in such investigation and I release from all liability and responsibility Network for Family Recovery, its affiliates, directors, officers, employees, and agents and all other persons or entities requesting and/or supplying information for the investigation.

I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Network for Family Recovery.

I have read and understand the above and by my signature consent to these statements.

Applicants Signature _____ **Date**

Network for Family Recovery reserves the right to conduct state and federal background checks.

Have you ever been arrested for conducting or attempting to conduct a sexual offense? Yes No

If yes, please list the date(s) of the arrest(s) and any facts and circumstances surrounding the arrest(s). Being arrested does not automatically exclude you from consideration. If you meet the requirements, you will be able to explain the circumstances of your arrest. If you are subsequently arrested for conducting or attempting to conduct a sexual offense during the course of your volunteer services at Network for Family Recovery, you agree to notify Volunteer Services. Failure to do so may result in termination.

Have you ever been convicted, plead no contest or plead guilty to a felony or misdemeanor?
 Yes No

Important Social Security Number Information

Below we ask that you provide your social security number in order for us to perform a background check for our Care Coordinator volunteer application process. By signing this document, you acknowledge that Network for Family Recovery will shred your SS number with 48 hours. It may be necessary for Network for Family Recovery to run your background check again in the future and you may be asked to provide your Social Security information again as you continue to be an active Care Coordinator Volunteer with Network for Family Recovery.

Applicant Signature: _____

Witness Signature: _____

Date background check performed: _____
NFR Employees initials: _____
Date lower portion shredded: _____
NFR Employees initials: _____

Applicant's Full Name: _____
Please PRINT clearly

Applicant's Social Security Number: _____

**Questions or Additional Information contact Ranee Cress @
rcress@mynfr.org or 281-440-4499 or visit www.mynfr.org**

Network for Family Recovery
Confidentiality Acknowledgement & Agreement Form

Print Name: _____

During the course of your activity at Network for Family Recovery , you may have access to information which is confidential and may not be disclosed except as permitted or required by law. Improper disclosure of confidential information can cause irreparable damage to Network for Family Recovery and its participants. Confidential information includes, but is not limited to:

1. Financial and certain other personal information about participants.
2. Reports, policies and procedures, marketing or financial information, and other information related to the business of services Network for Family Recovery which has not previously been released to the public at large by a duly authorized representative of Network for Family Recovery.

If you have any questions at any time concerning the confidentiality or disclosure of information, you should contact the Network for Family Recovery at 281-440-4499.

By initialing each section and signing this Confidentiality Acknowledgement, you acknowledge and agree that:

_____ 1. I will only access business information for which I have legitimate business purpose.

_____ 2. Personal information is confidential and my access is restricted to my legitimate need to know for the welfare of the participant.

_____ 3. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of Network for Family Recovery.

_____ 4. Failure to comply with my confidentiality obligation may result in disciplinary action or termination of my position and affiliation by Network for Family Recovery .

_____ 5. My confidentiality obligation shall continue indefinitely, including at all times after my association with Network for Family Recovery .

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY FOR MY PERMANENT PERSONAL RECORDS.

Volunteer Signature: _____

Date: _____

Print Name: _____