



Volunteer Application

CAT welcomes any qualified person to apply for a volunteer position. To be considered an applicant, one must be at least 18 years of age and if a previous patient of CAT, must have maintained sobriety for at least one year.

First Name	Middle Initial	Last Name	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Telephone Number	Alternate Telephone		Email Address	
Have you worked for CAT before? <input type="checkbox"/> No <input type="checkbox"/> Yes, what dates?		Have you volunteered for CAT before? <input type="checkbox"/> No <input type="checkbox"/> Yes, what dates?		
Have you volunteered for other agencies? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete the following:				
Agency Name		Volunteer Position	Date(s)	
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Agency Name		Volunteer Position	Date(s)	
I am interested in the following administrative-related volunteer opportunities:			I am interested in the following patient-related volunteer opportunities:	
<input type="checkbox"/> Administrative duties <input type="checkbox"/> Facility/Grounds work <input type="checkbox"/> Agency committee: e.g. Personnel, Marketing, Finance, Planning <input type="checkbox"/> Board of Directors			<input type="checkbox"/> Internship <input type="checkbox"/> Client Transportation <input type="checkbox"/> Work with a patient program, specify: _____	
Do you have any relatives who work for CAT? <input type="checkbox"/> No <input type="checkbox"/> Yes, who? _____				
How did you hear about CAT Volunteer opportunities? _____				
Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide an explanation – include the date of the conviction, the nature of the offense, and the sentence imposed. This information will not necessarily preclude an applicant from consideration of being a volunteer.				
Education/Training/Experience				
Indicate the highest level of education you completed: <input type="checkbox"/> High school/GED <input type="checkbox"/> Some College <input type="checkbox"/> Graduated College <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Other:				
List the skills/training you have that may be relevant to the volunteer opportunity you are applying for:				
When are you available to volunteer? <input type="checkbox"/> Flexible <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Days <input type="checkbox"/> Evenings				
What time(s) are you available?				
Is there any type of volunteer work that you would not feel comfortable doing?				

Our Mission: CAT saves lives and rebuilds families by providing tools for lifelong sobriety and recovery thereby reducing costs to our community caused by untreated chemical addictions.



Volunteer Application – Page 2

References List two professional/volunteer references (excluding family members) that are familiar with the quality of your work.			
Name	Title	Company	Telephone
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Volunteer Application Certification & Acknowledgement Statement

I hereby certify that I have a genuine interest in a volunteer assignment and that all of the foregoing statements are true and correct. I agree to assume a continuing responsibility to disclose additional or new information called for by this volunteer application, but known to me only after this application was completed. I understand that my failure to make such disclosure, and that falsification of any of the information given herein, or any volunteer forms or in any interview, are grounds for immediate dismissal, regardless of when such failure or falsification may be discovered.

I understand that the Agency requires certain information about me to evaluate my qualifications and to ensure the safety of its patients and employees. I authorize the Agency to contact my references, verify my educational credentials and complete a police check, if applicable. In such investigations, I release all parties from all liability or responsibility with respect to the information supplied.

I understand that any offer of a volunteer position is contingent upon positive results from my references, police check and drug screen if required. I further understand that any volunteer arrangement with the Agency would not be for any fixed period of time and that I or the Agency may terminate the arrangement at anytime for any reason.

I understand that the Agency strictly prohibits involvement with illegal drugs and/or alcohol abuse and, if accepted as a volunteer, any such involvement on my part will result in dismissal.

I acknowledge that I have read and understand the above statement.

Applicant Signature _____
Date

Please mail or return this form to: Center for Addiction Treatment
830 Ezzard Charles Drive
Cincinnati, Ohio 45214
(513) 381-6672

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