



Recovery _____	Clerical _____
Family _____	Social _____
Recreational _____	Misc _____
Advisory _____	

**VOLUNTEER SUBSTANCE ABUSE SERVICES
PERSONAL INTEREST INFORMATION**

Name: _____
PRINT (Last) (First) (MI)

Telephone: () _____ Best time to call: _____

Referred by: _____

? HS Student ? No ? Yes - School: _____

Education: ? GED ? HS ? College degree ? Other: _____

Occupation: _____

How did you become interested in volunteer work for Substance Abuse Services?

Prior volunteer and/or related experience in Substance Abuse field?

Do you meet the criteria to become a sponsor for AA/ NA/ CA? ? Yes ? No ? Uncertain

Will you make a 8 week commitment to volunteer if accepted? ? Yes ? No

Date of last conviction - (Be specific and include dates)

Interested in volunteering in the following area(s):

- ? Recovery-focused group activities (AA/NA/CA orientation, temporary sponsor, mentoring, speaking, job/work mentoring, etc)
- ? Family focused activities (Saturday Morning Education Program, mentoring)
- ? Recreational / Leisure Activities
- ? Social activities (gatherings, gardening, nature walk, etc.)
- ? Clerical / support (visiting and greeting patients, welcoming patients, delivering mail, data gathering, newsletters, etc)
- ? Participating in special projects related patient care; serving on our Advisory Committee
- ? Miscellaneous

Signature of Applicant: _____ Date: _____

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING!!

Mail to: Sue Hirsch, Manager
Aurora Psychiatric Hospital
1220 Dewey Avenue #11
Wauwatosa WI 53213