

San Antonio Council
 ON ALCOHOL AND DRUG ABUSE
Promoting Healthy Lifestyles!

VOLUNTEER APPLICATION

DATE: _____

PERSONAL INFORMATION:

NAME: _____ D.O.B. _____

ADDRESS: _____ CITY/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

I PREFER TO BE CALLED AT _____ DRIVER'S LICENSE #: _____

DO YOU HAVE TRANSPORTATION? YES NO

DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? YES NO

EMERGENCY INFORMATION:

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

ADDRESS: _____ PHONE: _____

PHYSICIAN'S NAME AND PHONE #: _____

BACKGROUND INFORMATION:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN: _____

ARE YOU CURRENTLY ON PROBATION: YES NO

IF SO, PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE REFERRING OFFICER: _____

GENERAL INFORMATION:

HOW DID YOU LEARN ABOUT OUR VOLUNTEER PROGRAM? _____

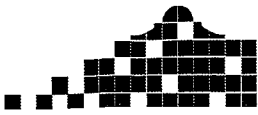
WHAT KIND OF PLACEMENT ARE YOU SEEKING? CHECK ALL THAT APPLY

GENERAL COMMUNITY WORK STUDY PRACTICUM OTHER _____

WHAT SETTING WOULD YOU PREFER TO COMPLETE YOUR COMMUNITY

SERVICE/VOLUNTEER HOURS? CHECK ALL THAT APPLY

COUNCIL OFFICES COMMUNITY BASED SETTING OTHER _____



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EMERGENCY MEDICAL INFORMATION

VOLUNTEER'S NAME: _____ **D.O.B.** _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____ **RELATION:** _____

PHONE CONTACT INFORMATION:

HOME: _____ **WORK:** _____ **CELL:** _____

ADDRESS: _____

PARENT'S HAVE AUTHORIZED MEDICAL TREATMENT BY:

NAME OF PHYSICIAN: _____ **PHONE:** _____

NAME OF HOSPITAL: _____

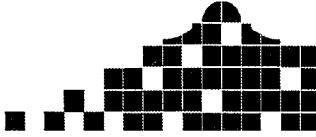
MEDICAL TREATMENT IS COVERED BY:

INSURANCE NAME: _____ **ID #** _____

MEDICAID (IF APPLICABLE): _____

OTHER (PLEASE SPECIFY): _____

OTHER COMMENTS OR PERTINENT INFORMATION:



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CONFIDENTIALITY STATEMENT
STAFF, BOARD MEMBERS AND VOLUNTEERS

Federal and State laws and the regulations pertaining here require that information, verbal, written or observed about a client's identity, diagnosis, prognosis, or treatment must be kept confidential, and this confidentiality continues in the event a person is no longer a client of the San Antonio Council on Alcohol and Drug Abuse or when a recipient of such confidential information no longer retains a connection with the San Antonio Council on Alcohol and Drug Abuse.

I UNDERSTAND AND AGREE THAT IN THE PERFORMANCE OF MY DUTIES IN CONNECTION WITH THE SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG ABUSE THAT I MUST HOLD CLIENT INFORMATION IN UTMOST CONFIDENCE.

SIGNATURE

DATE