## **Volunteer application**

All prospective volunteers should complete the Volunteer Application below. After submitting application, you will be contacted to discuss your interests and next steps.

If you have questions about volunteering, please call the office at 781-480-4937

Name *
First Name
Last Name
Email Address *
Address *
Address 1
Address 2
City
State/Province
Zip/Postal Code
Country
Phone *
(###)
###
####
Do you consider yourself a person with lived experience? *
Yes
No No

Do you have a family member or a loved one who has struggled with Substance abuse? * $\square$ Yes $\square$ No
Please indicate your volunteer interests: *
Leading a support group
Recovery Support
Outreach Volunteer
Special events/fundraising
office support
Support Driver
Navigator
Center Building Committee
Advisory Board
Social Media
Availability Fill out your availability in this format: (Day, Times)