

HODAC, Inc. Volunteer Application

Name: _____ Date: _____

Address: _____ Home Phone: _____

Work Phone: _____

Email: _____

Gender: Male Female DOB: _____ Occupation: _____

Which area(s) of HODAC are you interested in working?

- | | |
|--|--|
| <input type="checkbox"/> Gateway Cottage | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Prevention Services |
| <input type="checkbox"/> Teen Headquarters | <input type="checkbox"/> Victim services |
| <input type="checkbox"/> Clerical Services | <input type="checkbox"/> Counseling/Therapy Services |

Why do you want to volunteer with HODAC? _____

Educational background: _____

Relevant experience: _____

Civic organizations: _____

How did you hear about HODAC? Radio TV Word of mouth
 Newspaper Brochure Presentation
 Website Other _____

Are you willing to submit to a drug screen? Y N

Are you willing to submit to a background check? Y N

References (2):

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____