



# LIGHTWAY RECOVERY

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6593 Mcever Road  
Flowery Branch, GA 30542  
678.743.1808 Ext. 110  
[www.lightwayrecovery.org](http://www.lightwayrecovery.org)  
Return Form to:  
[info@lightwayrecovery.org](mailto:info@lightwayrecovery.org)

## Lightway Recovery Volunteer Application

*Thank you for expressing interest in serving as a volunteer at Lightway Recovery. Our volunteer program provides individuals with an opportunity to make a difference in their community. Our organization encourages the participation of volunteers who support our mission. If you agree with our mission we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.*

Application Date \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### **EMPLOYMENT**

Current Employer, if applicable:

Position/Title \_\_\_\_\_

### **SKILLS & EXPERIENCE**

Special training, skills, hobbies \_\_\_\_\_

Groups, clubs, organizational memberships: \_\_\_\_\_

Please describe your prior volunteer experience

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What experiences have you had that may prepare you to work as a volunteer in the field of Addiction Recovery Services?

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Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

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Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

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Lightway Recovery has a rich volunteer culture and we depend on your help to change the way we treat addiction in our community. We believe in your contribution to the team and put our volunteers in positions of trust. You have access to people, places and things that most people don't. Requiring volunteers to provide the information above is one more way we can ensure a safe environment for all adults and children who come through our doors.

Do you have a driver's license? No  Yes

Do you have car insurance? No  Yes

Do you have a car available for transporting others?  No  Yes

### **REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Lightway Recovery Gwinnett that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold

any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Lightway Recovery Gwinnett. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Lightway Recovery Gwinnett or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Availability** (Please write down the days and times you are able to volunteer)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Anything else you would like to add?

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