



**142 Center Street
Brewer, Maine 04412**

(207) 561-9444
bangorrecovery@gmail.com
www.BangorRecovery.org

Dear Prospective Volunteer,

We appreciate your interest in joining the dedicated volunteers of the Bangor Area recovery Network (BARN). Volunteers are our most valuable resource and an essential ingredient in meeting our mission. We want to ensure that as a volunteer, your time is well spent. To achieve this goal, we ask you to make a minimum commitment of three hours per week for 6 months or through completion of the event you are working on.

In order to begin the process of joining our dedicated core of volunteers we ask that you fill out the enclosed volunteer application and fill out and sign the attached background verification disclosure. Please return the forms to:

Bangor Area Recovery Network
Attn: Volunteer Coordinator
142 Center St.
Brewer, Maine 04412

Once we receive your application, we will call you to schedule a personal interview and orientation session. We look forward to discussing your contribution to our mission in person.

Sincerely,
Sharon Field
BARN Volunteer Coordinator
(207) 561-9444

Additional Information

Emergency Contact: _____
Name Telephone

Your Physician: _____
Name Telephone

Employer: _____
Name Telephone

Where did you hear about the BARN? _____

Please check skills in which you are competent:

- | | | |
|--|---|---|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Education | <input type="checkbox"/> Office help |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Leadership | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Service/Trades |
| <input type="checkbox"/> Social | <input type="checkbox"/> Special Interest | <input type="checkbox"/> Other: _____ |

Have you had previous volunteer experience? (Y / N) If yes, where?: _____

Please describe: _____

Availability: Please check times you are available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Are you willing to be called for additional short term assignments? (Y / N)

Personal History:

Do you have a physical or psychological condition which may affect your ability to perform certain volunteer assignments? Answering "yes" will not eliminate you from being considered for as a volunteer. (Y / N) If yes, please explain: _____

Have you ever been convicted of a crime? Answering "yes" will not eliminate you from being considered for as a volunteer. (Y / N) If yes, there will be time to explain during the interview.

Do you agree to a background verification? (Y / N)

IMPORTANT: In order to ensure confidentiality, please take the following steps regarding the Background Verification Disclosure:

- 1. Please sign the Background Verification Disclosure.**
- 2. Place in an envelope addressed to BARN, PO Box 2241, Bangor, ME 04402**
-or-
- 3. Give sealed envelope to the BARN Volunteer Coordinator**

If you are applying online, please mail directly to BARN with your application. Upon completion of the background check, the form will be shredded by the Volunteer Coordinator.

BARN
Bangor Area Recovery Network
Volunteer Services Background Verification Disclosure

I understand that the background information that I supply in connection with my Volunteer Services application will be verified by the BARN, by its agents, and mutual associations to ensure that the information that I provide is accurate in every way. The information to be verified includes all information supplied on any application form or resume, and information provided in any conversation or interview with any employee of the BARN.

I authorize the BARN and its agents to conduct a thorough inquiry into all areas deemed necessary in order to participate in this program. I authorize full disclosure of information to the BARN and its agents. This information includes employment, educational, criminal, and motor vehicle records, professional license/certification verification, and public record information. I agree that such information is reasonably related to my application for Volunteer Services. I understand that the information provided to the BARN will be used to validate information given on my volunteer Services application and I authorize such use.

I specifically release former employers, criminal information repositories and courts, schools, law enforcement agencies, local, state, and federal administrators, certifying agencies, insurance companies, and mutual associations or persons from any liability so they may freely and completely respond to any inquiry relating to my application for Volunteer Services with the BARN.

I have reviewed this form, understand the intent of its authorization and release, and give my full consent for disclosure of information referenced above. A photocopy of this release will be as valid as the original, although the photocopy would not contain an original signature of mine.

Name: _____
Last First MI

Previous legal names (if any): _____
Last First MI

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Current Address: _____
Street City/Town Zip Code

Number of years at current address: _____

Previous Address: _____
Street City/Town Zip Code

Number of years at previous address: _____

Signature: _____ Date: _____



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Commitment to BARN Ethical Guidelines

The following are ethical guidelines expected of all BARN employees and volunteers. Volunteers and employees will be asked to sign a commitment to these guidelines:

1. I will be honest with myself and others.
2. I will treat everyone with dignity and respect
3. I will be impartial at all times.
4. I will allow others to make their own decisions and choices in relation to their own lives.
5. I will accept others for who they are, where they are, and what they are, regardless of my personal opinions and values.
6. I will not engage in sexual banter or direct sexual contact with any individual whose recovery I am assisting.
7. I will not disclose confidential information and I will maintain the privacy of BARN patrons and coworkers. I will work to discourage gossip, rumors, and hearsay.
8. I will decline any favors, free services, or gifts that compromise the integrity of my peer support relationships.
9. I will guard against the sexual exploitation or sexual harassment of anyone around me.
10. I will not exploit relationships with others for personal gain.
11. I will seek supervisory guidance when problematic situations with others arise.
12. I will not discriminate against anyone on the basis of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity, or gender expression.
13. I will consult a supervisor when mandated reporting may be required in order to determine the best course of action.
14. As a representative of the BARN and the recovery community, I will do my best to be a healthy role model.

My signature below indicates that I agree with these ethical guidelines and that I will follow these guidelines in my role as a BARN volunteer and during any peer support services offered by the BARN.

Signature: _____ Date: _____



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Confidentiality Agreement

I understand that trust is the foundation of the Bangor Area Recovery Network. So that we may be of adequate service to the patrons of the BARN, it is important to keep all interactions and conversations confidential. Breaking this trust could hinder someone's recovery. Therefore, I agree to never reveal or discuss any of the information that is given to me with anyone who was not involved in the conversation. I understand that the only exceptions to confidentiality are when I receive information suggesting harm or danger to oneself or others, including suspicion of child abuse or neglect and self-harm.

Name: _____ Today's Date: _____

DOB: _____

Address: _____

Phone: _____ Email Address: _____



Participant Information Form

First Name: _____		Last Name: _____	
DOB (MM/DD/YY): _____ / _____ / _____			
Gender: <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Nonbinary		<input type="checkbox"/> Other: _____	
Orientation: <input type="checkbox"/> Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Other: _____			
Relationship to Recovery: <input type="checkbox"/> Peer <input type="checkbox"/> Family/Loved One <input type="checkbox"/> Ally			
Referred by: _____		Reason for Referral: _____	

Contact

STREET ADDRESS		CITY	
STATE	ZIPCODE	EMAIL	
Home Phone: _____ - _____ - _____		Cell Phone: _____ - _____ - _____	
Can we leave voicemail messages? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which is your preferred communication method? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone			
Who do you currently live with? <input type="checkbox"/> Spouse <input type="checkbox"/> Parent(s) <input type="checkbox"/> Family <input type="checkbox"/> Girlfriend			
<input type="checkbox"/> Boyfriend <input type="checkbox"/> Friend <input type="checkbox"/> None <input type="checkbox"/> Other			
What do you currently live in?			
<input type="checkbox"/> Own/Rent House		<input type="checkbox"/> Other's Home	<input type="checkbox"/> Own/Rent Apartment
<input type="checkbox"/> Other's Apartment		<input type="checkbox"/> Oxford House	<input type="checkbox"/> Recovery Housing
<input type="checkbox"/> Other Group Housing		<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Shelter
<input type="checkbox"/> Place not for habitation (car, abandoned building, subway, outside etc)		<input type="checkbox"/> None	<input type="checkbox"/> Other

Demographics

Race: <input type="checkbox"/> White		<input type="checkbox"/> Hispanic, Latino, Spanish Origin		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Asian		<input type="checkbox"/> Middle Eastern or North African		<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> 2+ Race		Other: _____			
Ethnicity: <input type="checkbox"/> Hispanic		<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Other: _____	

Veteran Status: Veteran Not a Veteran
 Marital Status: Single Married Separated Divorced Widowed
 Transportation: Has reliable car Relies on Others Uses public transportation
 Do you currently use tobacco? Yes No
 Date of Recovery: _____/_____/_____

Number of Children

Number of children you have physical custody of: # _____
 Number of children you have legal custody of: # _____

Have you ever been convicted of a sex offense? Yes No
 If yes, what was the nature of this charge and when did this occur?

I, _____, wish to become a participant of the Bangor Area Recovery Network. I understand that by becoming a participant I am eligible to use the Center's facilities, including the participant computers, meeting space and library materials, in ways that will enhance and strengthen my recovery from addiction.

I further understand that as a participant I will abide by community rules while at the Center, I will use all Center resources solely for the purposes of working on my addiction recovery. I will treat other participants, staff, and visitors with dignity and respect, and agree to speak to a staff member if I see others who may be threatening anyone's safety at the Center. I will also seek ways that I can participate at the Center to help build a stronger recovering community within the Center, as well as in my larger community.

Waiver
 The participant agrees to make no claim and hereby waives, to the fullest extent permitted by law, any claim or cause of action of any nature against the Bangor Area Recovery Network, its officers, directors, employees, agents or subconsultants, which may arise out of or in connection with participation or the performance by any of the parties above-named of the services under this Agreement.

I acknowledge and affirm that the information provided in this application is complete and accurate.

Signature _____ Date _____