



**FRIENDS OF RECOVERY ROCKLAND
MEMBERSHIP APPLICATION**

Name: _____

Address: _____

Street

City/Town

Zip Code

Telephone: (Cell) _____ (Other) _____

Email Address: _____

Why do you want to be involved? _____

What do you feel you can contribute? _____

Skills Checklist (Please check those areas in which you are competent)

Office Help Special Interest Computers Fundraising

Accounting Photography Advertising/Graphics

Advocacy Policy Other

Have you had any previous volunteer experience? Yes No

Where? _____

Please describe your duties _____

Please check day(s) you are available: Specify mornings, afternoons, and evenings

Monday Tuesday Wednesday Thursday Friday Saturday Sunday