



Heartview Foundation Volunteer Application & Release Form

I hereby give Heartview permission to use the information provided on this form for the sole purpose of inquiring about my serving as a volunteer for Heartview alumni in my area. I understand that before any disclosure is made I can revoke my permission and at any time and discontinue participation.

By my signature, I am applying to be a volunteer and authorizing Heartview to give my first name, last initial and phone number to current patients or alumni of Heartview as deemed appropriate by counseling staff. I understand that I will first be contacted by a staff member.

Signature of Applicant _____ Date _____

Please print information below. Alumni

Name _____ Male Female
LAST FIRST M.I.

Date of Sobriety _____ Date of Birth _____

Mailing Address _____

STREET
CITY STATE ZIP COUNTRY

Email Address _____

Phone _____ AM PM
AREA CODE CELL BEST TIME TO CALL
AREA CODE HOME BEST TIME TO CALL
AREA CODE WORK BEST TIME TO CALL

I attend and would like to be contacted about: AA NA AI-Anon

The group(s) I attend are: (this is not mandatory, just helpful)

Name of Group Location Day/Time

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- *I am willing to talk to groups of patients.
*Talk to patients and family members (group setting) about treatment and recovery.
*Talk to family individually.
*Talk to patients individually.
*Take someone to a 12-step meeting.
*Be a temporary sponsor.

Please add any comments that explain why you would be a good contact. (Please write on reverse if not enough space.) Please return form to: Heartview, Alumni Coordinator, 101 E. Broadway Ave., Bismarck, ND 58501 when completed.

Please specify preferred way to contact you with an *.