

# Navajo County Drug Project Volunteer Application Form

Fax to: (928) 358-1645; Or mail to: PO Box 1596, Pinetop, AZ 85935-1596

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**Why do you want to volunteer?** \_\_\_\_\_

**What special skills/gifts do you feel you have to offer as a volunteer?** \_\_\_\_\_

**What volunteer role would you like? (Please check all that apply)**

- Special Events
- Life Coach
- Youth Coach
- Crisis Coach
- Mentor Coach
- Tutor Youth
- Grant Research & Writing
- Community Networking
- Parenting Skills Coach
- Other \_\_\_\_\_

**I would like to volunteer:**

- As needed
- One-time/event basis
- On-going basis

**I am available (Please check all that apply)**

- Weekdays
- Weekends
- Holidays
- Mornings
- Evenings
- Outside school requirements
- Other \_\_\_\_\_

*Please initial each page of the document to legalize  
This page is #1 of 3- Initialed and authorized \_\_\_\_\_*