

## VOLUNTEER APPLICATION

### Personal Information:

Please Type/Print Clearly

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

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

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

T-SHIRT SIZE: Circle one only      L                  XL                  XXL                  XXXL

**Please Check All Areas Where You Are Interested In Serving:** *(Specific assignments will be on a first come first serve basis and will be based on need.)*

*All Volunteers Should Report to Registration/Volunteer Booth In Druid Hill Park\**

- Set Up** (7:30 am -8:30 am) and/or –
- Venue Area Help** (8:30 am – 1:30 pm) -
- Registration/ Greeters** (7:30 am – 11:30 am) -
- Children’s Activities** (10 am – 1 pm) -
- Clean Up** (10 am – 2 pm) –
- All Day Anywhere I am Needed -**

*\*Enter Druid Hill Park near Sundial Pavilion at Druid Park Drive and Madison Avenue Entrance.*

**Skills/Experience I have that may be valuable to assist with the walk:**

\_\_\_\_\_

\_\_\_\_\_

Completed Volunteer Applications Are Due By **Monday, August 30, 2010**

**E-mail to:**      executivedir@projectgarrison.org.

**Fax to:**            410-664-2488

or **Mail to:**      Ms. Phyllis Antonelli, Chair of Volunteer Committee  
 Project Garrison, Inc., 3717 Springdale Ave., Baltimore, MD 21216-1327

*(Note: Mail Must Be Postmarked By August 30, 2010)*

**(PLEASE READ & COMPLETE OTHER SIDE)**

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## Code of Ethics

### CONDUCT

- Always strive to put a positive face and voice on recovery from alcohol and other drug addictions.
- Maintain high standards of conduct.
- Treat each other with dignity and respect.
- Report and remove yourself from any real or perceived conflict of interest.
- Do not exploit personal relationships within the partnering organizations for personal gain.
- Do not under any circumstances sexually exploit or harass other individuals.
- Do not act in any way that violates the civil, legal or ethical rights of others.
- Work to resist gossip, hearsay and rumors.
- Remember that in the eyes of the general public, we represent people in recovery at all times and that your actions influence how the community sees the recovery movement.

### RESPONSIBILITY TO PEOPLE IN RECOVERY

- The responsibility for personal recovery resides with the individual.
- Strive to ensure that people in recovery from alcohol and other drug addiction will be treated with dignity and respect in their personal recovery process.
- Make an effort to see that the partnering organizations empower recovering people in their physical, emotional and spiritual growth and provide opportunities for them to make significant contributions to themselves, their families and friends, their communities and our society.
- Work to represent all people in recovery, especially those who feel they have no voice.

### RESPONSIBILITY TO THE PARTNERING ORGANIZATIONS

- Work under the overarching purpose for this event.
- Build the partnering organizations' reputation and maintain their integrity.
- Involve recovering people, their families, significant others and friends in educating policy makers, service providers, legislators and the general public about the recovery process.
- Respect the cultural diversity of the partnering organizations and encourage the expression of diverse points of view.
- Participate in planning and programmatic decision-making processes.
- Contribute to the overall health of the recovery community and the community at large.
- Express your opinion at every opportunity.
- Promote recovery at every opportunity for you, your family and friends, for the community, for society.


I understand that as a volunteer for the **September 11, 2010 "Recovery Walk & Rally"** celebration, I will honor my commitment. I have read the Code of Ethics and agree to the best of my ability to follow these guidelines.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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# 4<sup>th</sup> Annual Recovery Rally & Walk

JOIN THE VOICES FOR RECOVERY FROM ALCOHOL AND OTHER DRUGS

3717 Springdale Ave. • Baltimore, MD 21216 • 410.664.4300 • fax: 410.664.2488 • officeadmin@projectgarrison.org

## Registration Form

A Participant\* who pre-registers by AUGUST 20, 2010 will be issued a FREE T-Shirt on September 11, 2010, on a first come first serve basis.

### Completion of Part I REQUIRED

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

(Check one) \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE (Check one) AGE: \_\_\_\_\_ Less Than 18 Years Old \_\_\_\_\_ 18 Yrs and Older

T-Shirt Size: (Check one only) \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2010 Recovery Walk & Rally Waiver of Liability and Photo Release

I understand that Project Garrison Inc., National Council on Alcoholism and Drug Dependence, Inc., Maryland (NCADD), Gaudenzia, Park Heights Health Alliance and Baltimore Substance Abuse Systems, Inc. (bSAS), shall not be responsible or legally liable for any loss of personal property or any bodily injury I sustain. I hereby waive and release all rights and claims for damages I may have against all providing partners and sponsors of this event, and their agents, employees, or volunteers, which may arise in conjunction with this event as a result of negligence or otherwise.

I give consent for the use of any photographs taken of me during this event.

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

\_\_\_\_\_  
(Parent's signature required if participant is less than 18 years of age.)

### \*\*\*Completion of Parts II and Part III of This Registration Form Are OPTIONAL!

These sections are provided for individuals/groups making financial contributions under \$100. All contributions are tax deductible as far as the law allows and will be used to help defray costs associated with this event. Make all checks/Money Orders payable to: "Project Garrison, Inc."

### Part II (Optional) - Friends Of Recovery Donation Form

Complete this section if you will make a tax deductible donation between \$25 and \$99 to help support Baltimore's 4th Annual Recovery and Rally on September 11, 2010. Contributions are accepted even if you cannot attend.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount: Check one: \$75 to \$99 \_\_\_\_\_ \$50 to \$74 \_\_\_\_\_ \$25 to \$49 \_\_\_\_\_ Actual Amount \$ \_\_\_\_\_

Contributions received by August 20, 2010 will be printed in the event program.  
Make check/Money Order payable to: "Project Garrison, Inc."

\* Participants completing the Volunteer Application are asked to submit all forms together.

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## 2010 Registration Form (continued)

### Part III - Pledge Sheet For Walkers/Seeders of Recovery With Supporters (Optional)

Pledge Sheet Deadline August 20, 2010

As a WALKER and/or SEEDER you may want to encourage your family, friends/co-workers, etc. to support you in this recovery celebration event. Please use this Pledge Sheet to collect, record and report all donations. In order to expedite processing we ask that you turn in your Pledge Sheet and all monies collected by August 20, 2010. Once you have collected donations, you must complete this Pledge Sheet and submit donations collected to Project Garrison's Office, or mail to: Sponsor Committee c/o Project Garrison, Inc., 3717 Springdale Avenue, Baltimore, MD 21216-1327.

Seeder/Walker's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Total Amount Pledged: \$ \_\_\_\_\_ Total Amount Collected: \$ \_\_\_\_\_ Total Amount PLEDGED BUT NOT Collected: \$ \_\_\_\_\_

### My Supporters for the 4th Annual Recovery Walk & Rally

Please Print Clearly

Name	Address	Email	Phone #	Pledged	Collected
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
			<b>TOTALS</b>		

**THANK YOU VERY MUCH!**

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