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Volunteer Information Sheet

We are grateful that you would like to become a volunteer with Not One More Alabama. Please complete the information below. This information will allow us to ensure that we can contact you and inform you of volunteer opportunities that are available.

Name: _____ Today's Date: _____

Phone Number: _____ cell () home ()

Email: _____ *Please print neatly*

Address: _____ City _____ Zip Code _____

What makes you interested in volunteering for Not One More Alabama?

What types of activities are you interested in? (select as many as you would like)

- Working directly with families impacted by addiction by visiting/contacting them to provide support. (requires Certified Peer Support Specialist Training)
- Working directly with families in a healthcare environment such as an Emergency Room during a crisis moment. (requires Certified Peer Support Specialist Training)
- Working directly with families that have lost loved ones to addiction. (requires Certified Peer Support Specialist Training)
- Working on the development of a memorial program for loved ones lost to addiction
- Working on recovery related events like a Recovery Walk or Memorial Event
- Working on a large fundraising event.
- Working on community education and support events.
- Working on research related to treatment options and recovery resources in the region & maintaining a directory
- Working on legislative and advocacy teams or related events

- Working on raising awareness and availability of Narcan
- Developing fundraising opportunities
- Grant Writing
- Marketing & Publicity
- Becoming a Certified Peer Support Specialist
- Speaking to the media
- I am interested in being a Committee Chairperson
- I am interested in serving on the Board of Directors

Do you have any specific skills that you would be willing to use as part of Not One More Alabama?

- Financial management (accountant, bookkeeper)
- Fundraising
- Marketing
- Social Media
- Technology (web site management and other technology needs)
- Grant Writing experience
- Governmental experience (city, state, federal)
- Healthcare Professional (indicate field that you work in: _____)
- Other: _____

Not One More Alabama primarily utilizes email and social media as its primary tool for communicating. Periodically, we will need to use telephone calls or texts to communicate time sensitive information. Please indicate below if you are willing to receive communication with Not One More Alabama by phone, text or email.

With regard to communications between Not One More Alabama, Inc. and me/us, I/we give full permission for them to contact us by text messages and phone calls to all of our cell **and** home telephone phone numbers.

Yes____ No_____ You must check yes or no here and initial here: _____

With regard to communications between Not One More Alabama, Inc. and me/us, I/we give full permission for them to contact us by email and by use of an email subscription service such as Mailchimp.

Yes____ No_____ You must check yes or no here and initial here: _____

Please feel free to add any other information that will help us to identify the best way to include you as a volunteer with Not One More Alabama:
