TRUTH PHARM VOLUNTEER SIGN UP FORM

Name:______________________________________________________

Email:_______________________________________________________

Address:_____________________________________________________

____________________________________________________________________

Phone: ______________________________________________________

Signed Volunteer Agreement Form? ______________________________

Level of involvement: (place an X)

Committee member: ____________

Eventual Committee Leader: ___________

Multiple committees: _________ (indicate below which)

Angel Volunteer ____________

Support Volunteer ____________ (such as help with letter writing, being available for awareness events, etc.)

Which Committees or Roles are you interested in?

Video Admin Assistant  Public Relations  Treatment Committee
Events Committee  Graphic Designer  Children Affected Group
Individual Advocacy Support  Fundraising and Grants  Prevention Committee
Angel Program for Broome  Policy Research and Advocacy  Cheer Committee
Naloxone  Art Committee  Medical Committee
Social Media  Judicial & Criminal Justice  Newsletter Committee
VOLUNTEER COORDINATION MEETING

**Video Endeavors Administrative Assistant** - someone to keep photos of loved ones organized, communicate with loved ones, update spreadsheet, etc.

**Events Committee** – plans and orchestrates logistics for events. We're Aware, Now What? Events, Large multi-county event with task force groups and elected officials, Monthly family education nights (Later), Recovery store (Later)

**Individual Advocacy Support** - Document access to treatment issues – keep history, write it and send it in letters to officials, give suggestions for ‘next steps’, teach laws, rights, etc.

**Angel Program for Broome** – Angels, Angel Coordinator, Calls to treatment centers

**Naloxone** - for EMS, Community Trainings, Increase awareness, Treatment Centers and Hospitals Outreach

**Public Relations Committee** – Need a Graphic Designer – photoshop, video creation, printed materials, etc.

**Social Media** - Create memes, Instagram, Twitter, Facebook -Could use someone to help with the brainstorming group, can be a few people, can send ideas or articles to post, etc. Could use someone to help manage and reply to comments on facebook page.

**Truth Pharm Newsletter Committee** – Recovery Note, Grief Note, Access to Treatment Issues and/or news, Truth Pharm Initiatives, Accomplishments, etc.

**Fundraising & Grants Committee** – for now, creating ideas, searching for grants, planning and developing ideas

**Policy Research and Advocacy Committee** – when an issue is identified, research current laws and regs, find any proposed laws or regs, schedule meetings, write letters

**Art Committee** – find grants, places to do murals, orchestrate awareness through art events – street painting, projections, plays, music, etc.

**Judicial & Criminal Justice Committee** – research, find programs, educate on appropriate response

**Treatment Committee** – research access, types of treatment, continuum of care, alternative treatments, recovery resources

**Children Affected Group** -

**Prevention Committee** – research prevention methods, schools, physicians, pharmacists, provide and/or advocate for

**Cheer Committee** – write letters to people in treatment, people in recovery, families needing support, grieving families

**Medical Committee** – issues with doctors, hospitals, treatment, etc.

**Support Groups** – grieving, recovery, parents or loved ones of addicted, friends and siblings of addicted – what do we already have in our area, what do we need, what are good models?
Volunteer Agreement Form

I hereby agree to the following:

1. I will not use information I am exposed to through Truth Pharm for personal use. Such as contact information for any individuals, etc.
2. I will copy info@truthpharm.org on all email communications.
3. My email address is appropriate for professional use.
4. I will hold confidential any information I learn about persons in recovery, active in addiction, or a families.
5. I will have anything I send or post as a direct representation of Truth Pharm reviewed first.
6. I will not fundraise without direction from Truth Pharm with procedures in place.
7. When I present my story, I will present it as my story, not as the standard or rule for all others. For example, you may have had to have your child arrested which led them to sobriety, but that is not always the required path for everyone. Or, you may have had a substance use disorder and woke up one day and decided to change and you may have successfully done that without help from anyone, but it doesn’t mean anyone can do it that way. We want to say, ‘this was my experience’ but we know it’s not the same for everyone.
8. If I have an issue with Truth Pharm, the ideology, organization or endeavors, I will discuss it directly with the directors.
9. Sometimes we will agree to disagree. Sometimes we will decide to part ways, but we should always remember, we all want the same end result, so we should do it in peace and with love and support of each other.
10. I understand pictures of myself or my art work may be taken at events which I attend. I hold Truth Pharm harmless and release all rights to photos taken of me and work that I do at Truth Pharm events.
11. I agree that if I am an active user, I will not carry illicit substances or paraphernalia to Truth Pharm meetings or events, nor will I engage in conversations that promote the use of substances, nor will I solicit, offer or engage in use with other members of Truth Pharm or attendees of meetings or events. I also agree not to attend meetings or events under the influence.

Volunteer Name: ___________________________________________
Volunteer Signature:__________________________________________ Date:___________