



## Recovery Helpline

# VOLUNTEERS NEEDED

Columbia County Pathways To Recovery (CCPR) is excited to have launched a Recovery Helpline in May of 2017. Callers to the helpline receive information about resources available to them regarding addiction and recovery or are assisted with placement into detox or treatment facilities and transportation arrangements. Since its inception, our Helpline has provided support, compassion and assistance to numerous people as they begin their journey to recovery.

- This is not a crisis hotline and volunteers do not need to have crisis experience to volunteer. Your personal experience or that of dealing with a friend or family member through addiction and recovery can be put to good use here.
- Volunteers will answer calls from their own location using a system developed by us so that there is no need to travel to an office to take Helpline calls.
- Shifts are 4 hours long and we will take into consideration your schedule and availability before scheduling you for a shift. Shifts are available 9 to 1, 1 to 5, 5 to 9. The helpline runs 9am to 9pm.
- Volunteers should have access to a cellphone and a computer with internet access. Volunteers' cell phone numbers are never shared with callers as access is through a special 800 number set up by us.
- Volunteers will take an online training class before being assigned a shift to answer calls.

Send email to [columbiapathwaystorecovery@gmail.com](mailto:columbiapathwaystorecovery@gmail.com) to find out more or volunteer



## **Columbia County Pathways To Recovery, Inc. Recovery Help Line Volunteer**

A Columbia County Pathways To Recovery Helpline volunteer is responsible for providing information and to identify appropriate resources and referrals to individuals who are struggling with issues related to substance use disorder. The Recovery Help Line volunteer will answer calls on the Help Line, respond to emails and text messages, and be responsible for logging caller and referral data into the agency database.

This is ***NOT*** a crisis line and no crisis work experience is necessary to be a volunteer on the helpline

### **QUALIFICATIONS AND EXPERIENCE NEEDED:**

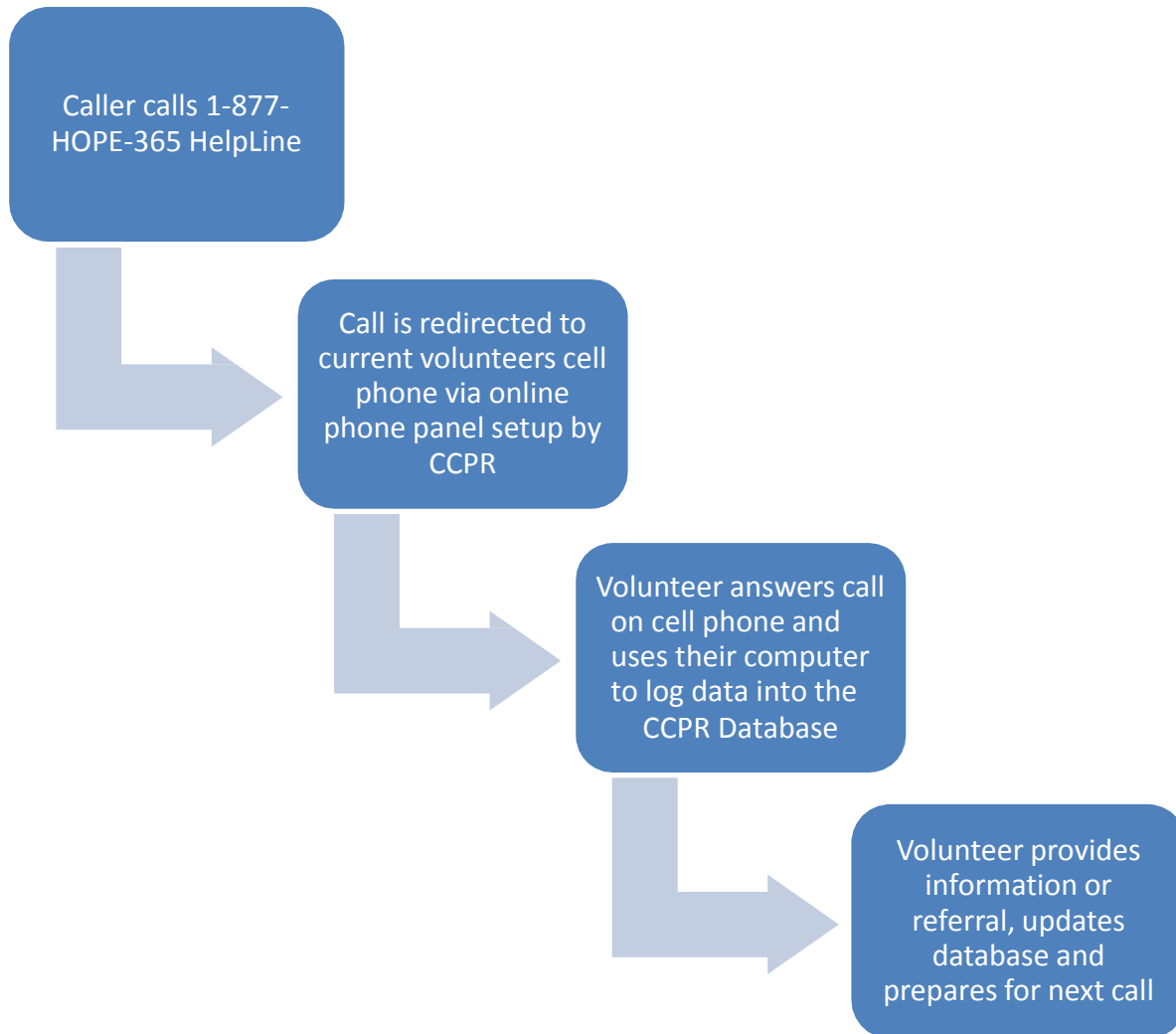
- Access to the Internet and a working computer
- A working cell phone with ability to text
- Some knowledge or experience with the recovery community or with a loved one currently struggling with addiction or currently in recovery.
- Evidence of ability to work with a team of clinical staff and volunteers in a fast-paced environment.
- Excellent communication and interpersonal skills.
- High level of attention to detail.
- Ability to keep all calls confidential and have a high level of integrity where it relates to privacy.
- Willingness to be trained on helpline etiquette and recovery community messaging training.
- Educational background in social sciences and/or addiction is a plus but not required
- Experience working in a call center or conducting telephone assessments is a plus but not required.

**TRAINING AND PHONE SHIFTS:** Volunteers must complete an online training, after the training the helpline coordinator will meet with you to make sure the Grasshopper and When I Work apps are set up properly on your phone and ready for use. Once completed, volunteers need to commit to at least one (1) 4 hour phone shift/per week. Shifts are available during the morning, afternoon, or early evening hours, Sunday through Saturday. Although this is a volunteer position, you are expected to be available when you say you will and fulfill the shift you volunteer for (with the exception of emergency situations that may arise). People are depending on you to be on the other end of the phone when they call.

**IF INTERESTED:** Send cover letter and application to:  
Columbia County Pathways To Recovery  
Help Line PO Box 486, Ghent, NY 12075  
or  
[columbiapathwaystorecovery@gmail.com](mailto:columbiapathwaystorecovery@gmail.com)



## Flow of Call



At the end of their shift, the helpline volunteer uses the online phone panel system to forward the 877-HOPE-365 number to the next volunteer to start their shift and logs out of the CCPR Online database. The volunteer's cell phone number is never exposed to the caller, keeping your number private.



## **Columbia County Pathways To Recovery** **Recovery Helpline Volunteer Confidentiality Agreement**

This is to certify that I, \_\_\_\_\_, a volunteer for the Columbia County Pathways To Recovery, Inc. (CCPR), Helpline understand that any information (written, verbal or otherwise) obtained during the performance of my duties must remain confidential including, but not limited to the following: all information pertaining to helpline callers, program participants and their families; any information obtained from the caller or participant during the phone interview; any referrals or contacts with treatment facilities or medical providers.

The confidentiality of all client records maintained by CCPR program is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 132d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § C.F.R. Part 2. Generally, CCPR, may not say to a person outside of the program that anyone contacted the program or solicited help from CCPR, nor disclose any information identifying them as an alcohol and/or substance user, or disclose any other protected information except as permitted by federal law.

I understand that any unauthorized release of this confidential information is considered a breach of the duty to maintain confidentiality and a possible breach of state or federal law. I further understand that any breach of the duty to maintain confidentiality may be grounds for immediate dismissal from the CCPR Helpline program and/or possible legal action arising out of such breach.

I agree that I have been strongly cautioned against sharing any personal contact information with any caller or participant including last names, phone numbers, email addresses, physical addresses, etc. and that I have been advised to not have personal contact with any caller or participant outside of the CCPR Helpline program, and that if I do make such contact it is a personal decision and will not be inclusive in any part of the CCPR Helpline program.

By signing this Confidentiality Agreement, I understand that all participant information received in the performance of my duties as a Helpline volunteer belongs to CCPR and it cannot, under any circumstances, be disseminated to other outside organizations or be used for my own personal use or monetary gain.

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

Volunteer Printed Name: \_\_\_\_\_

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COLUMBIA COUNTY PATHWAYS TO RECOVERY IS A COMMUNITY COMMITTED TOWARD BUILDING THE MANY PATHWAYS TO STRATEGIES AND SOLUTIONS FOR THE ADDICTION CRISIS IN COLUMBIA COUNTY, NY.

[columbiapathwaystorecovery.org](http://columbiapathwaystorecovery.org) | [info@columbiapathwaystorecovery.org](mailto:info@columbiapathwaystorecovery.org) | (518) 966-2775



## Recovery Help Line Volunteer Application

### GENERAL INFORMATION

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Are you at least 18 years of age?:    No            Yes            Date of Birth \_\_\_\_\_

Describe previous or current volunteer experience. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL AND PROFESSIONAL REFERENCES

Please provide two non-family references.            May we contact?    Yes    No

**Personal Reference:**

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

### MISCELLANEOUS

Foreign languages you speak fluently (if any): \_\_\_\_\_

Do you have a SmartPhone?    Yes    No            If yes, which one?    Android    or    Apple

Do you have cell service at your home?    Yes    No

Do you have a computer with Internet Access?    Yes    No



Describe any specialized training or skills that you think might be useful:

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Have you ever been convicted of a felony or gross misdemeanor?      Yes      No  
**(Conviction will not necessarily disqualify an applicant from volunteering.)**

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**COMMITMENT**

Upon successful completion of training, Helpline volunteers will be asked to volunteer for a rotating shift on calls based on their availability. This involves at least one 4 hour shift per week.  
 Are you able to make this commitment?      Yes      No

**AVAILABILITY**

**Please check the box for the days and times you are generally available to volunteer:**

Morning shifts are 9-1, Afternoon are 1-5 and Evening is 5-9.

SUN	MON	TUE	WED	THUR	FRI	SAT
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>
Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>



**EDUCATION**

What is the highest level of education you have completed?

- Did not complete high school
- Associate's degree
- High school or G.E.D.
- Bachelor's degree
- Technical degree
- Post-graduate degree

Are you currently in school?    Yes            No (if no, skip to next section) Current School(s):

School	Dates	Field	Degree

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application at the discretion of Columbia County Pathways To Recovery. I understand that false or misleading information given in my application or interview(s) may result in dismissal as a volunteer. I understand, also, that I am required to abide by all rules and regulations of Columbia County Pathways To Recovery.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**PLEASE PRINT CLEARLY**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

Due to the nature of Helpline work, we need to ask you for some fairly personal information. The following questions will help you and our staff assess your suitability for telephone work. All of the information is strictly confidential and will **NOT** be shared with anyone other than CCPR Staff. Please be as candid and as complete as possible.

Will you be able to attend a training session? Yes      No

We are interested in your overall availability to take on a weekly shift and fulfill your responsibilities. Please check the items below that apply to you:

I am a college student

I am retired or unemployed

I work full-time days

I have other volunteer responsibilities

I work full-time nights

I have other commitments that seriously limit my availability

I work part-time

I travel often and would need to find subs frequently

Other (please specify) \_\_\_\_\_

Please describe any experience you have with the recovery community or with a loved one battling addiction \_\_\_\_\_

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From time to time, everyone has had a crisis in their life. Please describe a crisis situation in your life and how you dealt with it.

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**Complete the following statements, clarifying your feelings:**

- A. People who contemplate suicide are:
  
- B. The use of any drug is:
  
- C. Drug addiction is:
  
- D. If I were anxious about a personal problem, I would:

Is there anything else that you would like us to know?

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**SIGNATURE**

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**TODAY'S DATE**

Return to:

Columbia County Pathways To Recovery  
Help Line PO Box 486, Ghent, NY 12075

or

[columbiapathwaystorecovery@gmail.com](mailto:columbiapathwaystorecovery@gmail.com)