



NAADAC
THE ASSOCIATION FOR
ADDICTION PROFESSIONALS

901 North Washington Street, Suite 600, Alexandria, VA 22314
703/741-7686 800/548-0497 • FAX: 703/741-7698 800/377-1136
World Wide Web: www.naadac.org

October 5, 2005

Dear Katrina Volunteer;

Thank you for coming forward. Although the storm has passed, the need continues. Through NAADAC's partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and Westover Consulting, Inc., we are building a delegation of addiction professionals to help with the Hurricane Katrina crisis.

As you are aware, the devastation in the Gulf Coast is extensive. There will be some hardships associated with this task – please recognize that the demands for this assignment in the disaster area are vigorous. You need to be able to work in the disaster area, work outdoors and not require any refrigerated medications. You also must not have any physical constraints that will interfere with your duties and be willing to work long hours under arduous conditions.

The first phase of this project has passed, but NAADAC is still accepting applications. **Please note that submitting an application does not guarantee your selection and deployment to the Gulf Coast.**

We request that you submit the attached form, as well as all supporting documentation. You can reach NAADAC by:

Fax at (800) 377-1136, Attn: Shirley Beckett Mikell
Mail at NAADAC, 901 N. Washington St., Suite 600, Alexandria, VA 22314.

If you have any questions, please contact Shirley Beckett Mikell at (800) 548-0497 ext. 107 or sbeckett@naadac.org with "Gulf Coast Volunteer" as the subject line. Thank you for your dedication to this project. By working together we can help people recover their lives.

Sincerely,

Shirley Beckett Mikell
NAADAC Director of Education & Certification

We help people recover their lives



Gulf Coast Hurricane Relief Application



NAADAC, The Association for Addiction Professionals, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and Westover Consulting, Inc., is compiling a list of addiction professionals to help with hurricane relief in the Gulf Coast.

We request that all interested applicants submit this form, as well as all supporting documentation, as soon as possible via fax to NAADAC at (800) 377-1136, Attn: Shirley Beckett Mikell or by mail to: NAADAC, 901 N. Washington St., Suite 600, Alexandria, VA 22314. If you have any questions, please contact Shirley Beckett Mikell at (800) 548-0497 ext. 107 or sbeckett@naadac.org with "Hurricane Katrina" as the subject line.

(Please Print Clearly)

First Name _____ Middle Initial _____ Last Name _____

Street Address (No P.O. Boxes) _____ Apt. # _____

City _____ State _____ Zip Code _____ + _____

Email Address _____

Work Phone # (_____) _____ Home Phone # (_____) _____ Cell Phone # (_____) _____

Ethnic Background _____ Cultural Background _____

Area(s) of Expertise _____

Credential(s) _____

Name of License/Certification _____ License/Certification Number _____

Name of Malpractice Ins. Carrier _____ Policy # _____ Amount Carried _____

Other Language Proficiency (Please specify i.e. Sign Language, Spanish, etc.) _____

Name of Emergency Contact _____ Primary Phone # (_____) _____

Emergency Contact Address _____

Dates of Availability _____

Additional documentation to submit with application:

- 1.) Medical Release from Physician
- 3.) Statement of Agreement to Serve from Employer
- 2.) Copy of License/Certification

I affirm that I have considered the demands associated with service for a continuous two-week period in the disaster area, and I accept this project. I affirm that I am physically able to work in the disaster area, work outdoors and do not require refrigeration of medication. I affirm that I have no physical constraints which will interfere with my duties and am willing to work long hours under arduous conditions. Further, I consent to NAADAC releasing my information to Westover Consulting, Inc. so my application can be considered for this project.

Signature of Applicant _____ Date _____