



VOLUNTEER APPLICATION

All information provided below will be kept confidential. Please type or print.

Today's Date					
First Name		Last Name			
Address				Suite/Unit	
City		State		Zip Code	
Home Phone			Cell Phone		
May we call you? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, please use discretion <input type="checkbox"/> No					
Birth Date			Email		
Emergency Contact Name			Phone Number		

Volunteer Opportunities-Check the boxes of interest to you:

Client Support Areas	Office Support Areas	Special Events
<input type="checkbox"/> Outreach – HIV/AIDS Presentations	<input type="checkbox"/> Emails, Referrals, Data Entry	<input type="checkbox"/> Workshops
<input type="checkbox"/> Support Groups	<input type="checkbox"/> Computer System Support	<input type="checkbox"/> Fundraising Planning
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Newsletter Assembly and Mailings	<input type="checkbox"/> Event Promotion
<input type="checkbox"/> Complementary Therapies - ex: Massage, etc.	<input type="checkbox"/> Marketing	<input type="checkbox"/> General Assistance at Events
<input type="checkbox"/> Professional Services	<input type="checkbox"/> Other (Please Specify)	

Time Availability:

Weekdays:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Weekends:	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
Employed:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Other
Student	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
How often would you like to volunteer with The Friends of AIDS Foundation?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Special Events <input type="checkbox"/> Whenever needed		
	How many hours would you like to volunteer?		
	<input type="checkbox"/> Please contact me to discuss my availability		

On the following page there are questions to be answered to the best of your ability. If there is not enough space available please use the other side of the page to answer all questions fully and thoroughly.

Describe your feelings about working with a diverse client population, i.e. race, ethnicity, religion, sexual orientation, age, disability, gender identity, and socio-economic status.

What has been your experience in the field of HIV/AIDS?

How did you hear about The Friends of AIDS Foundation?

Do you have any volunteer experience? Yes No

If yes, please explain the type of volunteer work, length of stay, and your reasons for leaving.

Have you been tested for TB? Yes No If yes, when was your last test: _____

Would you be willing to be tested for TB? Yes No

Have you have a valid Driver's License? Yes No

Do you have proof of insurance? Yes No

SIGNATURE: _____

MAIL COMPLETED APPLICATION TO:

The Friends of AIDS Foundation
1355 Nicolette Avenue Suite 1332
Chula Vista, California 91913 USA

(Form Revised: 06/30/10)