

# VOLUNTEER APPLICATION



Thank you for your interest in volunteering! Please complete and submit this application to AIDS Network, 600 Williamson St, Madison, WI 53703 to be considered for a volunteer position with our agency. If you have any questions, please call Katie Childs, Development and Volunteer Coordinator, at (608) 316-8621.

<b>1. Name</b>		<b>2. Street</b>		<b>Apt. #</b>				
<b>3. City/State/Zip</b>								
<b>4. Home Phone</b>		<b>5. Cell Phone</b>		<b>6. Work Phone</b>				
<b>7. E-mail Address</b> _____		<b>8. Facebook ID</b> _____		<b>9. Twitter ID</b> _____				
<p><b>Note: Sections 10-15 are included to expedite our background check for new volunteers. Previous criminal history is not an automatic disqualifier for volunteer placement.</b></p>								
<b>10. Gender</b> Male Female Transgender Other: _____		<b>11. Date of Birth</b> (MM/DD/YYYY) _____	<b>12. Race/Ethnicity (Optional)</b> African-American Hispanic/Latino Caucasian Asian Other					
<b>13. Have you ever gone by another name(s)?</b> Yes No If yes, list names here:								
<b>14. Have you lived in the state of Wisconsin for more than one year?</b> Yes No If not, list other states:								
<b>15. Have you ever been convicted of a crime or have charges pending against you?</b> Yes No								
If yes, please explain:								
<b>16. Occupation:</b>		<b>17. Employer:</b>		<b>18. Full-Time/Part Time:</b>				
<b>19. Are you currently enrolled in school?</b> Yes No Education/Grade level completed								
<b>20. Do you have a valid driving license?</b> Yes No (Please bring proof of insurance, license to training)								
<b>21. How many hours per month would you be able to commit to volunteering?</b> (please circle one) 2 to 4 hours 4 to 6 hours 6 to 8 hours 10 plus hours looking for a one time volunteer opportunity								
<b>22. What Times Are You Available to Volunteer?</b> (Check Below)								
	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Notes</b>
<b>Morning</b>								
<b>Afternoon</b>								
<b>Evening</b>								

**23.** What type of volunteer opportunities are you interested in?

Client Services  
Outreach and Prevention

Office Support  
Special Events

**24.** How did you find out about AIDS Network?

\_\_\_\_\_  
**25.** What languages do you speak?

\_\_\_\_\_  
**26.** Do you have any special skills (computer, public speaking, writing, etc.)?

\_\_\_\_\_  
**27.** In case of an emergency, whom should we contact?

Name/Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**28.** Personal Reference (not related):

Name/Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**29.** Professional Reference (not related):

Name/Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Client Services

Volunteers assist clients in a wide variety of activities, providing emotional and practical support. Activities include helping clients with light housework, staffing our food bank, and providing transportation to appointments. Short-term and long-term opportunities available.

### Office Support

Volunteers greet incoming clients with a smiling face and helpful disposition, help answer phones, keep records up-to-date, and assist on a variety of other activities in a fun, professional atmosphere.

### Outreach and Prevention

Volunteers increase awareness about HIV/AIDS prevention by speaking to school and other community groups. They also assist by staffing tables at fairs and other events, providing accurate information to the general public.

### Special Events

Volunteers help plan for and staff organization events throughout the year, ranging from Camp Bingo in the winter, Red Ribbon Affair in the spring, and the ACT Ride in the summer.

**30. Brief Questionnaire:** Please take a moment to answer the brief questionnaire so we can assess what type of volunteer experience would be best for you. (Use additional paper if necessary)

1. Have you ever done any type of volunteer work? If so, where?
2. Why are you interested in volunteering with the AIDS Network? What do you hope to gain from the experience? What special skills or qualities do you have that make you an ideal candidate for a volunteer position?
3. Do you anticipate any life changes in the coming year that may impact your ability to volunteer with AIDS Network?
4. Do you have any health concerns that we should be aware of that might impact your ability to participate in certain volunteer activities? Do you require any accommodations?
5. How has HIV/AIDS impacted your life? How do you feel about people living with HIV/AIDS? Are you comfortable working with people from different backgrounds?

*The information above is complete and correct to the best of my knowledge. I understand that I am applying to be a volunteer with AIDS Network and that all the information concerning clients, staff and volunteers of AIDS Network is confidential. I agree that AIDS Network may conduct a criminal history background check.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AIDS NETWORK IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION ORGANIZATION AND DOES NOT DISCRIMINATE BASED ON GENDER, AGE, RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, SEXUAL ORIENTATION, MARITAL STATUS, ARREST AND CRIMINAL RECORD, MEMBERSHIP IN THE MILITARY RESERVE, OR DISABILITY.**