



# VOLUNTEER APPLICATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	TODAY'S DATE:	
STREET ADDRESS		CITY	STATE	ZIP CODE

DAY PHONE: ( )	CELL PHONE: ( )	NIGHT PHONE: ( )
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<b>GENDER</b> <input type="checkbox"/> Trans-gender FTM <input type="checkbox"/> Female <input type="checkbox"/> Trans-gender MTF <input type="checkbox"/> Male <input type="checkbox"/> Other	<b>May we identify ourselves as AIDS Healthcare Foundation by:</b>  <b>PHONE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MAIL:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>E-MAIL:</b>
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Please list any language(s) other than English that you are fluent in:

Have you ever been employed by AHF before? If so, where & when?	Have you ever volunteered for AHF before? If so, where & when?
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**How did you hear about us?**

AHF Staff/Volunteer  AD/Event  
 Friend  Personal Research

**Ethnicity (Optional):**

African-American  Latina/o  
 Asian/Pacific Islander  Caucasian  
 Native American  Other: \_\_\_\_\_

**Please rate your HIV/AIDS knowledge:**

Good  Fair  Minimal

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**Briefly describe how HIV/AIDS has affected your life:**

**What do you hope to contribute and gain from your volunteer experience at AHF?**

**Do you have any physical limitations that hinder your ability to lift objects or impair your ability to drive a vehicle? If yes, please explain.**

**Please check your areas of interest, mark all that apply:**

- Office Assistant (Filing, Data Entry, Answering Phones)
- Refill Condom Dispensers in Bars/Nightclubs
- Intake/Outreach at Out of the Closet Thrift Stores
- Women's Wellness Center
- Advocacy (Protests)
- Special Events (CA AIDS Walk, Sunset Junction, LA Pride, etc.)
- Men's Wellness Center
- Intake/Outreach in West Hollywood with Mobile Testing Unit

**Please check your availability, mark all that apply:**

- Weekdays, Mornings
- Weekdays, Daytime
- Weekdays, Evenings
- Weekends, Mornings
- Weekends, Daytime
- Weekends, Evenings

**AIDS HEALTHCARE FOUNDATION**

**VOLUNTEER CONSENT:**

I understand that upon completion of orientation, training, and consent of site manager, I may begin my work as a volunteer. I agree to sign in and out and tally my hours for every day worked. I understand that I am volunteering at my own risk and cannot hold AIDS Healthcare Foundation (AHF) responsible for any mishap.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**Previous Volunteer Work**

\_\_\_\_\_  
Organization Phone

\_\_\_\_\_  
Organization Phone

Have you ever been convicted of a crime within the past 7 years?  NO  YES (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

# Volunteer Agreement

AIDS Healthcare Foundation (AHF) makes every effort possible to respect the safety and confidentiality of its residents and clients. In this regard, it is AHF's policy to not release names and other information about any resident or client to the public. Information about any resident or client come across by volunteering at AHF must remain confidential. All inquiries concerning a resident, client, or staff should be referred to the supervisor/director of that facility.

In addition to adhering to the rules and regulations of confidentiality, you (said volunteer) may not engage in any sexual activity with any client or resident during your time spent volunteering at AHF.

Any infraction of these rules and regulations may be grounds for termination.

I, \_\_\_\_\_, agree to respect and abide by the rules and regulations stipulated by AIDS Healthcare Foundation (AHF). Further, I certify that the answers given in this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date