



Volunteer Application Form

Date: _____

Name: _____

Address: _____ Apt No: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____ Do you require discretion ...when calling? Yes No
... for mailings? Yes No

Do you have any previous volunteer work? If so, where did you volunteer and what did you do there?

How did you feel about this experience?

How did you hear about our organization?

What interests you in volunteering with us?

Please list any education or specialized training that would be an asset to doing this work:

Do you identify as a member of any of the following groups?

This information is optional and is used for statistical reporting purposes only.

- | | |
|--|---|
| <input type="checkbox"/> Person Living with HIV/AIDS | <input type="checkbox"/> Inmate / Parolee |
| <input type="checkbox"/> Gay Man | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Woman | <input type="checkbox"/> IV Drug user (<i>currently or in recovery</i>) |
| <input type="checkbox"/> Aboriginal person | |

Please indicate which opportunities you would be interested in pursuing:

Administration	Fund Development	PHA Services	Board or Committees
<input type="checkbox"/> Reception: Front Desk	<input type="checkbox"/> Event Support <i>ie: The WALK</i>	<input type="checkbox"/> Complimentary / Alternative Therapist	<input type="checkbox"/> ACNS Board
<input type="checkbox"/> Reception: Anonymous Testing Clinic			<input type="checkbox"/> Program Planning & Evaluation
<input type="checkbox"/> IT: Webmaster			<input type="checkbox"/> Fund Development
<input type="checkbox"/> Programs: Administrative Support			

When are you available to work?

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

If necessary, are you available for evening and weekend work? Yes No Sometimes

How long of a commitment are you able to make? _____

Please Note:

The AIDS Coalition of Nova Scotia requires everyone to adhere to our Terms of Participation and sign an Agreement of Confidentiality. These agreements follow on the next page. By signing and dating this document, you agree to those terms and conditions.

A time will be set up for an interview with one of the staff. Please bring this application with you if you haven't submitted it already.

Terms of Participation

The AIDS Coalition of Nova Scotia will provide orientation sessions to all volunteers who are asked to participate in the volunteer program. The staff will determine suitable matching of volunteers with volunteer activities. Training sessions and information update meetings will be provided whenever appropriate. Because of the ongoing training involved, the Coalition would prefer that volunteers remain in the program for at least one year. All applicants are required to comply with confidentiality guidelines.

Agreement of Confidentiality

I, the undersigned, hereby agree to keep private, treat as being confidential, and not make public or divulge any information or material related to my volunteer work with the AIDS Coalition of Nova Scotia without having first obtained, in writing, the consent of the Executive Director of the AIDS Coalition of Nova Scotia.

Dated at Halifax, Nova Scotia, this _____ day of _____, 20__.

Name *(Please Print)*

Signature

Please provide the name and contact information for two references, one work or volunteer related and one personal:

1. _____ Ph: _____

2. _____ Ph: _____

<i>Office Use Only:</i>	
Interview Date:	_____
Interviewed By:	_____
Orientation Date:	_____
Placement:	_____
Notes:	_____

