



# Volunteer Application Form

Please note all responses are 100% confidential.

- If you are applying for a volunteer position at one of our **Special Events**, you are only required to fill out page 1, and the Volunteer Participation Agreement on the last page of this document.
- If you are applying to volunteer in the **ACNS office**, please fill out all sections.

## 1. Contact Information

Date | | | 20 | |

Name

Address | | | Apt No

City | | Province | | Postal Code

Phone (day) | | Phone (evening)

Alternate Contact Name | | Phone

## 2. Previous Volunteering

Have you volunteered before? If so, where, and what did you do?

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## 3. Skills & Experience

Please list any skills, experience, specialized training or education that would be an asset in volunteering with us:

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## 4. Personal Privacy / Discretion

Do you require discretion when calling you?  Yes  No

Do you require discretion when mailing you?  Yes  No

## 5. Email Communications / Email list

Do you consent to receiving commercial emails from us?  Yes  No

You can withdraw your consent to receive emails from us at any time, in compliance with Canada's Anti-Spam Legislation.

Email Address:

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END OF SPECIAL EVENTS VOLUNTEER FORM. Please fill out Volunteer Participation Agreement on page 4 as well.

**6. How did you hear about our organization?**

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**7. What interests you in volunteering with us?**

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**8. How did you feel about your previous volunteer experience?**

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**9. Please indicate which of the following skills you possess.** Choose all that apply.

- Computer skills (familiarity with MAC and/or PC, word processing, databases, internet searches)
- General office skills (i.e.: use of fax, photocopier, multi-line telephone, organizational skills)
- Telephone skills, pleasant phone manners
- Communication skills
- Experience and/or comfort working in a diverse environment
- Others. Please list:

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**10. Do you have any personal experience with HIV/AIDS?**

Yes

No

**11. Have you had any experience with HIV?** If so, please explain. Let us know your message.

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**12. What concerns might you have volunteering for a Community-based AIDS Organization?** If so, please explain.

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**13. What is your comfort level and/or experience** working with persons who may differ from you?

Some examples may be, but not limited to: sexual orientation, ethnicity, religious beliefs, cultural or even people who live below the poverty line.

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**17. Please indicate which volunteer areas/opportunities you are interested in.**

- Administration**       Front Desk Reception       IT/Website Support       Administrative Support
- Fund Development**       Event Support
- PHA Services**       Complimentary Therapist
- Board or Committees**       Board       Committees

**18. When are you available to volunteer?**

- Monday**       **Tuesday**       **Wednesday**       **Thursday**       **Friday**
- am  pm       am  pm       am  pm       am  pm       am  pm

- 19. Are you available for evening and weekend work?**       Yes       Sometimes       No

**20. How long of a commitment are you able to make?**

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

1. \_\_\_\_\_ Ph: \_\_\_\_\_

2. \_\_\_\_\_ Ph: \_\_\_\_\_

PLEASE NOTE:

*The AIDS Coalition of Nova Scotia requires employees and volunteers to adhere to our Terms of Participation and sign an Agreement of Confidentiality. These agreements follow on the next page.*



# Volunteer Participation Agreement

The AIDS Coalition of Nova Scotia requires all volunteers to adhere to our Terms of Participation and sign the Agreement of Confidentiality. By signing and dating this document, you agree to those terms and conditions.

Please scan and email, mail or drop of to:

AIDS Coalition of Nova Scotia  
1668 Barrington Street, Suite 401, Halifax, NS B3J 2A2  
email: ed@acns.ns.ca

## 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: \_\_\_\_\_ Signature \_\_\_\_\_

Submission of this form constitutes your agreement to the above terms.

### OFFICE USE ONLY

Interview Date:	Interviewed By:
Orientation Date:	Placement:
Notes:	