



Today's Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## VOLUNTEER APPLICATION

\_\_\_\_\_  
Last Name First Name & Initial

\_\_\_\_\_  
Street Address City/State Zip Code

Education: High School \_\_\_ Some College \_\_\_ Degree \_\_\_ Occupation: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Work/Other Phone: \_\_\_\_\_

Are you a Community Service Volunteer? Yes \_\_\_ No \_\_\_ Number of Hours Required: \_\_\_\_\_

### VOLUNTEER INTERESTS *Please check as many categories as interest you*

- ☐ Assist in Education/Outreach to the Community
- ☐ Assist in Fundraising/Development
- ☐ General Office: phones/reception/clerical
- ☐ Data Entry
- ☐ Telecommunications
- ☐ Reference Research
- ☐ Special Projects or Events
- ☐ Clinical Assistance
- ☐ Construction/Painting/Carpentry, other such valuable skills
- ☐ Neighborhood Business Marketing/Outreach

### Do you have experience with any of the following computer software?

- ☐ Mac or PC (circle one)
- ☐ Microsoft Word
- ☐ Microsoft Excel
- ☐ EBase or other donor software
- ☐ Graphics Design Programs

Are you fluent in any other languages? \_\_\_\_\_

How did you hear of ARA: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Favorite Volunteer Experience: \_\_\_\_\_

**Least Favorite Volunteer Experience:** \_\_\_\_\_

\_\_\_\_\_

**According to your schedule, what is the best time for you to volunteer?**

☐ I can work **weekdays** on: (Circle) MON TUES WED THURS FRI Starting \_\_\_\_/\_\_\_\_/\_\_\_\_  
Available: weekly as needed

☐ I can work **weekends** on: (Circle) SAT SUN Starting \_\_\_\_/\_\_\_\_/\_\_\_\_  
Available: weekly as needed

☐ I can work **evenings** on: (Circle) MON TUES WED THURS FRI Starting \_\_\_\_/\_\_\_\_/\_\_\_\_  
Available: weekly as needed

**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, realize that I am making a serious commitment to volunteer some of my time and talents to assist AIDS Research Alliance.

I agree to maintain complete confidentiality in respecting the privacy rights of all direct or indirect participants in any AIDS Research Alliance activities. This includes their very membership within our organization. Examples of such information would include, but is not limited to, a participant's address, phone numbers, sexual orientation, HIV status.

I realize that my name and/or likeness may be used in AIDS Research Alliance publications with my informed consent prior to the time of the taping, filming or still photography. This will usually be in recognition of my contribution to the agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***For Office Use Only***

Start Date: \_\_\_\_\_

Notes: