



Date of Application: ___/___/___

Volunteer Services

Volunteer Application

(Please answer all questions. Type or print clearly.)

PERSONAL INFORMATION:

Name and Address

Last Name First Name Middle Initial

Current Address, City, State and Zip

Permanent Address: (if different from above)

Current Phone: Work Phone: Alternative Contact Number or Cell Phone:

E-mail Address Date of Birth (MM/DD)

Preferred Mode of Communication:

Phone Email USPS Contact Anonymous: Yes No

Preferred Mode of Communication for Newsletters:

Phone Email USPS Contact Anonymous: Yes No

Gender:

Male Female Transgender Other

Current Status :

High School Student School: For Credit: Yes No
College University Student School: For Credit: Yes No
Community Resident
Court Ordered Community Service

Employment Information:

Employer	Address	Phone Number
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May we contact you at work regarding your volunteer activities? Yes No

Have you ever been convicted of a crime? Yes No

Are there any felony charges pending against you? Yes No

Emergency Contact

Name	Relationship	Primary Phone #	Secondary Phone #
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Name	Relationship	Primary Phone #	Secondary Phone #
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Volunteer Experience:

Have you had past volunteer experience with HARC? Yes No

Date of Service: ___/___ to ___/___

Former Responsibilities: Board Member Other: _____

Have you had other volunteer experiences?

Organization	Role	Length of Time
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Organization	Role	Length of Time
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Professional/ Civic Memberships?

Organization	Role	Length of Time
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Organization	Role	Length of Time
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Opportunity Schedule

Refer to this schedule when prioritizing your area of interest and when completing your preferred schedule.

Bar Outreach

Friday: 11:30p.m. - 2:00a.m.

Every other Wednesday and Thursday: 6:00p.m. - 9:00p.m.

Van Outreach

Monday: 3:00p.m. - 5:00p.m.

Wednesday: 4:00p.m. – 6:00p.m.

Thursday: 7:30a.m. - 9:00a.m.

Friday: 2:00p.m. - 4:00p.m.

Friday: 4:00p.m. - 7:00p.m.

HIV Test Counseling and HIV Testing Clinic Office/Administration

Tuesday: 11:00a.m. - 8:00p.m.

Wednesday: 6:00p.m. – 9:00p.m.

Saturday: 10:00a.m. - 2:00p.m.

The following areas do not have formal schedules, rather are scheduled on an as needed basis.

HIV 101 Health Educator

Office/Administration

Special Events

01/30/09

Special Skills:

Language Which? _____ Specify: Rate (Conversation) _____ Rate (Write) _____ Rate (Read) _____

Computer Literacy Specify Office Web Technical Other, Please Specify: _____

Counseling

Other: _____

Interests (Select 3 and prioritize 1 – 3)

Van Outreach

Bar Outreach

HIV 101 Health Educator

Office/Administration

HIV Testing Clinic Office/Administration

HIV Test Counselor

Special Events - Please specify: _____

Referral

Employer Newspaper Recruiting Event Radio/TV Self-Inquiry Friend

Civic/Service Group Teacher/Counselor Church/Temple/Mosque Poster/Flier

Preferred Schedule:

(Refer to the Opportunity Schedule to ensure that the time you are available matches the time needed for your area(s) of interest.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I Certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by HARC Volunteer Services.

Signature

Date