

Date Received: _____



Volunteer Application

Volunteers are an integral and fundamental human resource at PWA, providing time and talent to ensure people living with HIV/AIDS receive the best service in a healing and welcoming space.

(Please Print Clearly)

First name: _____ Last name: _____

Address: _____ Postal Code: _____

Daytime Phone #: () _____ Evening #: () _____

Permission to leave voicemail message: Yes No

Permission to disclose foundation name in voicemail message: Yes No

Date of Birth: (MM/DD/YY) _____ / _____ / _____ Email: _____

Are you under the age of 16? Yes No

If you are under the age of 16, permission from a parent or guardian is required.

I wish to receive our monthly Programs eNewsletter.

I wish to receive mail from us.

In a few short sentences – tell us who you are?

What experience and knowledge do you have in working with people living with HIV/AIDS?

Do you have any special skills (e.g. second languages, American Sign Language) or interests that you would like to share with us?

Please indicate the opportunities you are most interested in by ranking (1, 2, 3 etc.) 1 = most interested

Practical Support	Health & Therapeutic Care	Dreaming & Engagement	Agency
<input type="checkbox"/> Essentials <input type="checkbox"/> Market <input type="checkbox"/> Reception Desk <input type="checkbox"/> Service Access	<input type="checkbox"/> Health Promotion/ Therapy	<input type="checkbox"/> Peer Leaders <input type="checkbox"/> POZ Prevention <input type="checkbox"/> Speakers Bureau	<input type="checkbox"/> Administration <input type="checkbox"/> Special Events <input type="checkbox"/> Fundraising

Area not listed above (please specify): _____

AVAILABILITY:

Most of our volunteer roles involve a once a week, 4 hour shift. If you are not available every week, please indicate, below, what your availability is.

- Weekly
 Bi-Weekly
 Monthly
 Flexible

Please check or indicate times that you are available to volunteer:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please provide us with 1 personal and 1 professional (e.g. work, volunteer, doctor) reference that we can contact. Your references must have known you for a minimum of 6 months and cannot be a spouse/ partner or relative.

Personal

Name: _____

Relationship: _____

Phone Number: _____

Professional

Name: _____

Relationship: _____

Phone Number: _____

Do we have your permission to:

- Contact your references Yes No
 Disclose Agency name when contacting your references Yes No

First name: _____ Last name: _____

RELEASE FORM

All information supplied in this application is treated confidentially and will only be in the recruitment process of new Volunteers. I understand that I am under no obligation to work as a Volunteer for the Toronto People With AIDS Foundation (PWA) and that PWA is under no obligation to accept my services.

However, should my application be approved, I agree to serve as a PWA Volunteer and commit to:

- 1) Perform my volunteer duties to the best of my abilities
- 2) Adhere to agency policies and procedures, including confidentiality of agency and client information
- 3) Meet time and other commitments

I am aware that information contained in this application may be shared with other staff members on a 'need to know basis' and agree to such disclosures as required.

I, _____ have read the above Release Form and agree to abide to the principles while volunteering with PWA.

Your Signature: _____ Today's Date: _____

Completed application forms may be returned to the Front Desk or faxed to 416-506-1404

