

AIDS CARE/Hampshire County

Post Office Box 1299, Northampton, MA 01061-1299 : Tel (413) 586-8288

Volunteer Application

Name: _____ Date of application: _____

Address: _____ Town/Zip: _____

Phone: (home) _____ (work) _____ Can we call you at these? _____

Birthday (No need to include the year.): _____ email address: _____

1) How did you hear about us and our volunteer opportunities? Please be as specific as possible.

2) Why are you looking for volunteer work at this time? _____

3) Please describe a little about your educational and employment background:

(There's no particular requirement; we are just trying to get to know you better.)

4) Please list any experiences as a volunteer: _____

5) How long would you be available to volunteer with us? _____

6) Which best describes the times of day that you are most likely to be available? (Check all that apply.)

Weekday mornings Weekday afternoons Weekday evenings Weekend days

7) Which of the following types of situations are you the most comfortable with? (Check all that apply.)

<input type="checkbox"/> working alone	<input type="checkbox"/> working with a group	<input type="checkbox"/> making phone calls	<input type="checkbox"/> planning an event
<input type="checkbox"/> writing	<input type="checkbox"/> data entry/ computers	<input type="checkbox"/> listening	<input type="checkbox"/> giving a ride/driving
<input type="checkbox"/> info tables	<input type="checkbox"/> hanging flyers	<input type="checkbox"/> filing, copying . . .	<input type="checkbox"/> detail oriented work
<input type="checkbox"/> gardening	<input type="checkbox"/> asking for donations	<input type="checkbox"/> selling raffle tickets	<input type="checkbox"/> leading others
<input type="checkbox"/> graphic design	<input type="checkbox"/> speaking Spanish	<input type="checkbox"/> other: _____	

8) Which of these usual volunteer roles are you interested in exploring at this time:

<input type="checkbox"/> Bridge	<input type="checkbox"/> event planning (ongoing crew)	<input type="checkbox"/> public relations specialist
<input type="checkbox"/> Garden Leader	<input type="checkbox"/> event helper (occasional)	<input type="checkbox"/> miscellaneous office help
	<input type="checkbox"/> information tables	<input type="checkbox"/> other or unsure yet

9) If you are considering being an AIDS CARE volunteer, do you meet these requirements?

<input type="checkbox"/> 1 year commitment from the next volunteer training	<input type="checkbox"/> regular access to a reliable vehicle or transportation
<input type="checkbox"/> ability to attend 1 full day of training	<input type="checkbox"/> minimum age of 20 years old
<input type="checkbox"/> ability to provide references that can verify reliability and ability to work well with others.	

- **Please return this application to: P.O. Box 1299, Northampton, MA 01061-1299**
- **Once it is received, someone will call you to discuss the next steps.**