



**Volunteer Contact Information**  
*(All information will be kept strictly confidential)*



DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Fax: (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail: (home) \_\_\_\_\_

E-mail: (work) \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Time Availability:**

I am available to do volunteer work during the following times:

Monday    Tuesday    Wednesday    Thursday    Friday    Evenings/Weekends

**Vehicle:**

I have access to a vehicle that I can use as part of my volunteer work:

Yes    No    If yes, is it a car, van, truck? \_\_\_\_\_

**Is contact discretion required with any of the below? Please check all that require discretion.**

Home phone    Work phone    Mail    Email    Work email    Alternate contact

**Reason for Volunteering?**

Community program    Community involvement    Community hours    Work experience    Other

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical Information (allergies or anything that could affect volunteer position)?**

\_\_\_\_\_

**How did you hear about us?**

Website    Brochure    U of A website    Newspaper    Family/Friend  
 Volunteer Fair    Event    Other \_\_\_\_\_

**Past Volunteer Experience?**

\_\_\_\_\_

**From your personal, academic, and work experience, what skills/knowledge do you bring to this position?**

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**Please provide the names of two references, outside of family, who we may contact.**

Reference 1: \_\_\_\_\_  
*Name Phone Number Relationship*

Reference 2: \_\_\_\_\_  
*Name Phone Number Relationship*

**Commitment:**

All HIV Edmonton volunteer programs require a **six-month commitment** (except involvement in events). Our Buddy program requires a **one-year commitment**.

Is this commitment acceptable? Yes no, I need a shorter commitment \_\_\_\_\_

**Areas You Would Like To Be Involved With**

*(Please check all that apply)*

<p><b>Board of Directors</b></p> <p><input type="checkbox"/> (previous Board experience an asset)</p> <p><b>Administration</b></p> <p><input type="checkbox"/> computers (data entry, etc.)</p> <p><input type="checkbox"/> reception / intake</p> <p><input type="checkbox"/> mail outs, general office duties, filing</p> <p><input type="checkbox"/> Website Assistance</p> <p><input type="checkbox"/> Research support &amp; administration</p> <p><b>Health Promotion</b></p> <p><input type="checkbox"/> Information Booths</p> <p><input type="checkbox"/> Preparing Safe Sex Kits</p>	<p><b>Committees</b></p> <p><input type="checkbox"/> AIDS/HIV Awareness Week</p> <p><input type="checkbox"/> Round Dance Committee</p> <p><input type="checkbox"/> HIV/AIDS Walk</p> <p><input type="checkbox"/> others</p> <p><b>Fundraising Events</b></p> <p><input type="checkbox"/> HIV/AIDS Walk</p> <p><input type="checkbox"/> Casino nights</p> <p><input type="checkbox"/> general assistance in the fundraising Department</p> <p><input type="checkbox"/> Spring for Life (March 2006)</p> <p><b>Other</b></p> <p><input type="checkbox"/> _____</p> <p>_____</p>
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**Volunteer Program Mission Statement**

The HIV Network of Edmonton Society's volunteer program is committed to giving volunteers the appropriate training and support so they may complete their duties while ensuring the care, support and confidentiality of our clients.

HIV Edmonton encourages volunteers of any gender, sexuality, HIV status, HIV knowledge level, ethnicity, religion, age, ability and background to volunteer.

<i>For office use only:</i>			
TB form completed		interview date _____	
HBV form completed		short-term long-term	
Buddy form completed		entered into database	
SC form completed	SC form sent	SC form returned	SC picked up

