



Volunteer Application Form

Your reasons for wanting to volunteer at HIV North Society are important to us. In addition to meeting the needs of our agency, we want you to have a rewarding volunteer experience. Please take some time to complete this form, answering each item as fully as possible and return it to us. Use additional paper if necessary. All information is strictly confidential

Date: _____, 20 ____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (Home) _____ (Business) _____ (Cell) _____

Email: _____

Emergency contact name & number: _____

Relationship to you: _____

Are there any restrictions on contacting you? _____

Best time to call: _____

Language(s) Spoken: _____

What generated your interest to volunteer with HIV North Society?

Are you presently: A Student? Employed? Unemployed?

Education / Experience/Training:

Employed by / School Attending: _____

Past Work / Volunteer Experience:

Name of Employer / Organization	Dates of Term (from – to)	Duties / Volunteer Activity

What are some things you like to do in your leisure time?



Interests and Skills: Please indicate if you have experience in the following areas, where you have utilized your skill or if you wish to learn the skill.

Skill	Have Experience In:	Where/How Skill Used	Wish to Learn
Computer (Please list software)			
Library: Cataloguing, Organizing, Sorting			
General Office Duties			
Building Maintenance: Painting, carpentry			
Public Speaking			
Committee / Board			
Special Events: Posters, Displays			
Fund Raising			
Outreach Activities: soup kitchen, etc.			
Domestic			
Other			

What kind of work would you like to do with us? Indicate on the following list or write your own preferences based on your skills and interests.

- General Office Duties
- Website Design and Management
- Making training videos using the GoPro
- Maintaining needle boxes (keep updated and clean for community enhancement)
- Assist with outreach work
- Collect needles once a month from needle drop-off boxes in community
- Weekly routine tasks (filling needle bags, making 10 packs of needles/swabs etc)
- Building Maintenance
- Community needle sweeps (seasonal)
- Cleaning up community with clients
- Special events
- Assisting with fundraisers - Casino - commitment required as they occur throughout the year
- Being a natural helper by providing accurate information about HIV/AIDS to your peers
- Working a booth for community engagement
- Board Member
- Virtual Volunteering (assisting with some duties on-line)

Availability: How many hours per week do you wish to commit to volunteer work? _____

Time Preferred: Mornings Afternoons Evenings



What time commitment are you willing to make?

3 months 6 months 1 year Other

Have you ever been convicted of an offence for which you have not been pardoned? If so, please state:

Is there any reason why a criminal check would a problem? Yes No

If so, please state why:

Please provide 3 references (not family members):

1. Name: _____ Phone: _____
 Relationship: _____
2. Name: _____ Phone: _____
 Relationship: _____
3. Name: _____ Phone: _____
 Relationship: _____

Please add any other comments you would like to make:

Signature: _____

Date: _____

Parent of Guardian (if applicant is under the age of 18): _____