



Volunteer Application

Contact Information:

Date _____

Full Name			
Street Address			
City, State, Zip Code			
Daytime Phone	Home _____	Cell _____	
Work Phone			
Email Address			
Are you over 18?			
Date of Birth	Month _____	Day _____	Year _____
Employer City / Occupation			
Are you a student? If so where?			

Availability

How often would you like to volunteer? (*circle choice*) Daily Weekly Monthly Other _____

Which hours and days are you available to volunteer?

___ Weekday mornings: M T W TH F	___ Weekend mornings: SA SU
___ Weekday afternoons: M T W TH F	___ Weekend afternoons: SA SU
___ Weekday evenings: M T W TH F	___ Weekend evenings: SA SU

Interests

Tell us in which areas you are interested in volunteering.

- | | |
|--|---|
| <input type="checkbox"/> Bulk Mailing | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Food Pantry Delivery | <input type="checkbox"/> HIV Testing (Certification required) |
| <input type="checkbox"/> Translators | <input type="checkbox"/> Serving on a Committee |
| <input type="checkbox"/> Professional Assistance | |

Special Events & Fundraisers:

- | | |
|--|---|
| <input type="checkbox"/> Delta Red Walk | <input type="checkbox"/> Dining Out For Life |
| <input type="checkbox"/> Discover Mobile Photographic Scavenger Hunt | <input type="checkbox"/> Other Events & Fundraisers |

Previous Volunteer Experience

Summarize your previous volunteer experience.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Others Languages

Do you speak any other languages other than English? If yes, please list below.

Miscellaneous

What motivated you to volunteer with AIDS Alabama South?

Have you ever been convicted of a Felony? If yes, please explain the circumstances.

(Note: All applications are kept confidential)

Are you currently under any course of treatment and/or medication, which may limit your ability to perform certain types of work such as driving or lifting? If yes, please explain.

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Person to Notify in Case of Emergency

Name	
Relationship	
Home Phone	
Work Phone	

Our Policy

Due to the nature of the agency, confidentiality is of utmost importance to our clients and must be ensured. Applicants under 18 years of age must have a legal guardian co-sign the "Volunteer Agreement" in order to volunteer.

Thank you for completing this application and for your interest in volunteering with us AIDS Alabama South.

4321 Downtowner Loop N ▪ Mobile, AL 36609
Volunteer Coordinator – Kimberly McKeand
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