



Volunteer Application

Today's Date ____/____/____

Name _____
(last) (first) (middle initial)

I prefer to be called (nickname) _____ Email address _____

Address _____
(street) (city) (zip)

Home # _____ Work # _____ Cell # _____

Birth Date ____/____/____ (Year is optional if you are over 18.) May we call you at work yes no

Employer _____ Occupation _____

If you are a student, your school and field of study _____

Community and/or church affiliations _____

Do you speak/write any languages other than English? If yes, list _____

Do you have a car truck other vehicle driver's license auto insurance

How were you referred to BCAP _____

Emergency Contact Name _____ Relationship _____

Phone Number (day) _____ (evening) _____

I am interested in helping with: HIV Care Services HIV Prevention Services Special Events

Administration Facilities Maintenance Other _____

Do you have any professional skills that you would be willing to donate to BCAP _____

When are you available to volunteer? weekdays weekday evenings weekends

(The following information will be used in the form of statistics when BCAP is reporting to financial grantors.)

Race/Ethnicity _____ Gender male female transgender other

Education Level high school vocational/technical college/university other _____

Age _____ Sexual Orientation gay lesbian heterosexual bisexual queer other

Income Level low lower middle middle middle high high

Office Use Only		
Rec'd _____	Contact _____	Reference Check _____
Interview _____		
Tm. Invite _____	Tm. Call _____	Tm. Date _____

Why are you interested in volunteering with BCAP _____

Describe your current and/or previous volunteer experience _____

How has HIV/AIDS or other serious illness impacted your life _____

Describe any major life changes you've experienced in the past 12 months (i.e. Long-distance move, divorce, death in the family, etc.) _____

Do you have any personal health concerns that might impact your work as a volunteer (i.e. Chronic fatigue, arthritis, cannot lift, etc.) _____

Have you ever been convicted of a crime, other than a traffic violation? yes no If yes, please

describe _____

References

Please list one personal and one school or professional related reference.

(name) (email address) (phone)

(name) (email address) (phone)

BCAP respectfully requests a commitment of one year from all volunteers. Is this realistic for you? yes no

I have read and am in agreement with the mission and services of the Boulder County AIDS Project. I confirm that the information supplied on this application is true and correct. BCAP has my permission to contact my references. I realize that I will not be accepted as a BCAP volunteer until I have completed an interview with the Volunteer Services Coordinator.

Volunteer Signature

Date

Signature of Parent/Guardian (if volunteer is under 18 years of age)

Date