



Volunteer Application

Today's Date _____

1. CONTACT INFORMATION:

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Okay to send you mailings? Yes No

Daytime Phone: _____ Evening Phone: _____

Okay to leave a message from Common Ground? Daytime: Yes No Evening: Yes No

Email Address: _____

Emergency contact: _____ Relationship _____

Phone: _____ Evening Phone: _____

2. TELL US ABOUT YOU:

Occupation: _____ Date of Birth: _____

Are you a student, if so school and address: _____

Do you have access to transportation? Yes No

(Some positions require using a vehicle. In such instances, you must provide a current copy of your vehicle registration and a valid Driver's License copy.)

Do you own or have access to a vehicle? Yes No A truck? Yes No

Do you have car insurance? Yes No

Do you speak any language other than English? *(please list)* _____



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3. AVAILABILITY:

How many hours can you volunteer? Per day _____ Per week _____ Per month _____

How many months can you commit to volunteering? _____

Please mark times when you might be available:

Time	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9-12pm							
12-3pm							
3-5pm							
5-7pm							
7-9pm							

Are you interested in volunteering for special events?

- Yes No Only for Special Events

<p>Will your volunteer hours count towards community service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hours Needed: _____ Deadline: _____</p> <p>Court Referred: Court/Address: _____</p> <p>_____</p>
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4. AREAS OF INTEREST: (check all that apply)

ADMINISTRATION/IT	DEVELOPMENT/ SPECIAL EVENTS	FACILITIES
<input type="checkbox"/> Front Desk/ Reception <input type="checkbox"/> Answering Phones <input type="checkbox"/> Data Entry / Typing <input type="checkbox"/> General Office Tasks <input type="checkbox"/> IT/ Computer Repairs	<input type="checkbox"/> Fundraising <input type="checkbox"/> Grant Writing <input type="checkbox"/> Public Relations <input type="checkbox"/> Research/ Program Evaluation <input type="checkbox"/> Printing / Graphics <input type="checkbox"/> Video / Photography <input type="checkbox"/> Journalism / Writing	<input type="checkbox"/> Carpentry / Repairs <input type="checkbox"/> Painting <input type="checkbox"/> Housecleaning <input type="checkbox"/> Gardening/Landscaping <input type="checkbox"/> Painting <input type="checkbox"/> Handiwork <input type="checkbox"/> Arts/Crafts



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PROFESSIONAL SERVICES	PREVENTION	CASE MANAGEMENT
<input type="checkbox"/> Teacher/Trainer <input type="checkbox"/> Group Facilitation <input type="checkbox"/> Social Work/Therapist <input type="checkbox"/> Nutritionist <input type="checkbox"/> Doctor/ Nurse	<input type="checkbox"/> Street Outreach <input type="checkbox"/> Public Speaking <input type="checkbox"/> Needle Exchange <input type="checkbox"/> HIV Testing <input type="checkbox"/> Leafleting/ Posting Fliers <input type="checkbox"/> HYPE Program <i>(Homeless Youth Peer Education)</i> <input type="checkbox"/> Teen Peer Education Program	<input type="checkbox"/> Driving Clients <input type="checkbox"/> Client Buddy <input type="checkbox"/> Grocery Distribution <input type="checkbox"/> Food/ Clothing Distribution

Other Areas of Interest, Skills, Hobbies, or Comments: _____

5. ADDITIONAL INFORMATION: *(the following information is optional)*

This information might be used to help us to better match clients and volunteers. Common Ground does not discriminate on the basis of age, sexual orientation, gender, race, religion, physical capabilities, education level, political opinion or income level.

Gender: Male Female Transgender

Ethnicity: African American Native American Asian / Pacific Islander

Latino / Latina Caucasian Other: _____

THANKS FOR YOUR OFFER OF HELP!

Please mail, fax or drop off your completed application form today.