

Volunteer Application



Please fill out this application form completely. All information is held strictly **confidential**. Upon submission of your form we will contact you to discuss next steps. Please note: all required screening and training must take place prior to volunteering.

Personal Information

Full Name:

First

Last

Address:

Street Address

Apartment/Unit #

City

Prov.

Postal Code

Home Phone:

()

Alternate Phone:

()

E-mail:

Preferred method of Contact: Home Phone Alternate Phone E-Mail

May we contact you via?: Phone Email Mail (check all that apply)

May we leave a message?: No Yes

Occupation:

Employer:

Does your employer have a volunteer matching program? : No Yes

Education and/or Program of Study:

Emergency Contact:

Phone Number:

Relation:

Volunteer Preferences

How often would you like to volunteer? (check one)

Every 1-2 weeks _____ Once per month _____ Once every few months _____ Once or twice a year _____ Other _____

How long of a commitment would you like to make? (check one)

Less than 1 month _____ 1-3 months _____ 4-6 months _____ 7-10 months _____ 1 year _____ 1+ year _____ Other _____

What kind of availability do you have? (circle all that apply)

Daytime: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Evenings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Comments:

What volunteer areas are you interested in getting involved with? (check all that apply)

Events/Fundraising Education/Outreach Communications Client Services Support

Would you like to receive e-mail updates about the Volunteer Program and upcoming opportunities? Yes No

The answers to the following are required for funding purposes.
All information in this section will be matched to the ID Number only.

ID Number: First 2 letters of first name: _____ First 2 letters of last name: _____

Birth Date: _____ **Gender:** Male Female
(month/day/year)

Aboriginal Identity (choose only one)

First Nations Metis Inuit Non-status Bill C-31 status Not applicable

Ethnocultural Background (choose only one)

Caucasian Arab
 Chinese West Asian (e.g. Iranian, Afghan, etc.)
 South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.) Korean
 African/Caribbean Japanese
 Filipino Another Group _____
 Latin American Don't know
 Southeast Asian (e.g. Vietnamese, Cambodian, Malaysian, Laotian, etc.)

Language spoken most often at home (choose only one)

English Hindi
 Punjabi Pashto
 Urdu Nuer
 Mandarin Spanish
 Chinese (unspecified) Tagalog
 Farsi Kurdish
 Arabic Polish

Other language or languages spoken most often at home that are not listed:

Were you born in Canada? No Yes

If not born in Canada, country of birth: _____

If not born in Canada, number of years in Canada: _____

What neighbourhood do you live in? _____

Marital Status: (choose only one)

Married Divorced
 Living common-law Single, never married
 Widowed Other _____
 Separated

Number of adults (over 18 yrs) in household: _____

Number of children in household: _____

Ages of children in household: _____

How did you find out about this program? (choose only one)

- Word of mouth
- Referred by another program
- City of Calgary website
- 211
- Advertisement
- School
- Other _____
- Don't know

References

1. Name: _____ Relationship: _____	Phone Number: _____ Length of relationship: _____
2. Name: _____ Relationship: _____	Phone Number: _____ Length of Relationship: _____



I, _____ (applicant), hereby authorize AIDS Calgary Awareness Association (ACAA) to solicit reference checks in connection with my application for volunteering at ACAA. I authorize the above named referees to provide references in connection with my application for volunteering at ACAA. I hereby certify that all information included in this application form is true and complete. I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after acceptance. I hereby authorize verification of all statements herein and release ACAA and all others from liability in connection with it.

Signature: _____ **Date:** _____

Note: AIDS Calgary reserves the right to screen applicants during telephone or personal interviews, through police information checks or after training is completed. We may request a second interview with any applicant for the purpose of clarifying information and ensuring an appropriate volunteer placement. All volunteers representing the agency will do so with a quality consistent with the standards and general philosophy of AIDS Calgary.

Please submit application to:
 Coordinator of Volunteer Engagement
 Mail: 110, 1603 10 Avenue SW Calgary, AB T3C 0J7
 Fax: 403-263-7358
 Email: volunteer@aidscalgary.org