



## Volunteer Application Form

This information helps us contact you and get an idea of what kind of volunteer opportunities will best suit your interests!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Languages (spoken or written): \_\_\_\_\_

### Skills, Experience, Interests

Present or previous employment, community or volunteer involvement:

---

---

---

Other skills, experience or special interests:

---

---

---

### Education:

Please briefly describe your educational background:

---

---

---

### Availability:

Times:  Days

Evenings

Weekends

Days:  Monday

Thursday

Wednesday

Tuesday

Friday

Saturday

Sunday

Please check off the types of activities / events you would like to help with.

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Condom labelling   | <input type="checkbox"/> Tin Can collection            |                                      |
| <input type="checkbox"/> Event planning and organizing  | <input type="checkbox"/> Condom Bar Nights             |                                      |
| <input type="checkbox"/> Social Norms Campaign  | <input type="checkbox"/> Focus groups                  |                                      |
| <input type="checkbox"/> Creating media (posters, public service announcements, advertisements, social media) |  |                                      |
| <input type="checkbox"/> Poster pin up  | <input type="checkbox"/> Servers against AIDS Day      |                                      |
| <input type="checkbox"/> Halloween in July  | <input type="checkbox"/> Hosting our information booth |                                      |
| <input type="checkbox"/> Ladies Gala  | <input type="checkbox"/> W.I.N.E Ladies Night          | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Writing advocacy articles for the newspaper  | <input type="checkbox"/> Office Support                |                                      |
| <input type="checkbox"/> Travelling in the region – condom and poster distribution, events                    |  |                                      |

Why are you interested in volunteering for HIV West Yellowhead?

---

---

---

What do you hope to gain from your volunteer experience here?

---

---

---

Please rate your knowledge of HIV/AIDS.

- Excellent     Very Good     Good     Fair     Poor

Would you be interested in participating in a workshop to learn more about HIV/AIDS?

- Yes     Not

Thank-you for volunteering for HIV West Yellowhead!