

Volunteer Application Form

Date of Application: _____

Name:

Last _____ First _____ Middle _____

Street Address _____

Province _____ Postal Code _____

Telephone:

Residence _____ Business/Work _____

Fax _____ Email _____

If we are unable to place you in a volunteer position in the near future, how long would you like us to keep this application on file?

1 Month ___ 3 Months ___ 6 Months ___ 1 Year ___

In what capacity would you like to volunteer?

____ AIDS Awareness Week _____ World AIDS Day
____ AIDS Walk for Life _____ Community Outreach
____ Board Member _____ Ticket Selling
____ Poster Making _____ Preparing Ribbons
____ Setting up displays _____ Public Relations
____ Clerical

AVAILABILITY:

When are you available to volunteer ? Specify what day(s) and a time frame.

DAY: TIME:

____ Monday _____ Morning
____ Tuesday _____ Afternoon
____ Wednesday _____ Evening
____ Thursday
____ Friday
____ Saturday
____ Sunday

List specific hours if necessary:

Please describe related work experience:

Please print and mail your completed Volunteer Application Form to:

ACWN
AIDS Committee of Western Newfoundland, Inc.
P.O. Box 303
Corner Brook, NF A2H 6C9