



# Volunteer Resources Application

**This information is CONFIDENTIAL**

Volunteer

Practicum Student

Date \_\_\_\_\_

## Personal Information:

(please print)

Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal code \_\_\_\_\_ Mail Discretion required?  Yes  No

Home Phone \_\_\_\_\_ Discretion needed?  Yes  No

Work Phone \_\_\_\_\_ Discretion needed?  Yes  No

Email \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency # \_\_\_\_\_

Gender:  Female  Male  Transgendered

## Employment / Education / Language:

Are you currently employed?  Yes  No

Current or previous work experience \_\_\_\_\_

Do you have a ON Driver's License?  Yes  No

Do you have:  Car  Truck  SUV / Van

Education:  Secondary  Post-secondary  Degree/Diplomas obtained

Area of study? \_\_\_\_\_

Languages: \_\_\_\_\_  Understand  Read  Speak  Write

\_\_\_\_\_  Understand  Read  Speak  Write

American Sign Language for the Deaf?  Yes  No

**Why and How:**

**Reasons for Volunteering:**

- Community Volunteer Program
- Community Involvement
- Practicum
- Community Hours
- Work experience
- Other \_\_\_\_\_

**How did you hear about us?**

- Volunteer Centre
- Internet/Website
- Personal
- Friend/Family
- Brochure
- Newspaper
- Volunteer Fair
- Other \_\_\_\_\_

**Areas of Interest:**

**Prevention Education & Support Services**

- Health Fairs
- Reception Services
- Community Events
- Community Outreach
- Peer Counselling
- Client Drives

**Administration**

- Finance Committee
- Board of Directors
- Board Governance
- Reception
- General Office
- Fundraising, Marketing and Communications Committee
- Human Resources Committee
- Clinic Advisory Committee

Please check personal skills that you would be interested in sharing with us.

- Greeting People
- Board Experience
- Transportation
- Accounting/ Finance
- Public Relations
- Graphic Arts
- Microsoft Office
- Phone Support
- Event Planning
- Business/Marketing
- Program Management
- Counselling
- Postering
- Mail Outs
- Human Resources
- Media
- Training/Facilitation
- Communications

Please list any additional skills/interests that you might like to contribute while volunteering at the AIDS Committee of Guelph.

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## Availability and Commitment:

The AIDS Committee of Guelph volunteers are asked to seriously consider a commitment of 2-3 hours per week for 1 year. Board positions are based on a 2 year term.

	M	T	W	T	F	
Daytime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Weekends
Evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Flexible

## Personal Experience:

(please print)

1. What past volunteer experience do you have?

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2. Why do you want to volunteer with the AIDS Committee of Guelph and Wellington County?

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3. You may be required to have a criminal record search. Is this a concern to you?

Yes  No

If yes, please explain \_\_\_\_\_

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4. While volunteering at ACG you may work with people whose life experiences may include - poverty, mental illness, addiction and street involvement. What qualities would help you work with people who have different values and life experiences than yourself?

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Thank you for expressing an interest in serving your community by volunteering at AIDS Committee of Guelph.

**References:**

Please provide two references (preferably one work and one volunteer).

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_