



## VOLUNTEER APPLICATION FORM

### CONTACT INFORMATION:

Please provide contact information where it is appropriate for us to call/email and leave messages.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address - please include apartment #

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number (Home)

\_\_\_\_\_  
Phone Number (Cell)

\_\_\_\_\_  
Primary Email

Please check the box if would you like to opt-in to receive regular emails from our volunteer department

### VOLUNTEERING WITH US:

How did you hear about volunteering with the AIDS Committee of Toronto (ACT)?

Tell us why you would like to become an ACT volunteer:

Please describe your experiences with and/or connection to HIV/AIDS (personal, professional):

What do you hope to gain from volunteering at ACT?

**YOUR SKILLS & EXPERIENCES:**

Please list your skills that you believe will benefit you in your role at ACT:

Please list any languages you are fluent in:

**Computer Skills:**

*(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Data Entry                             | <input type="checkbox"/> Internet Use/Online Research            |
| <input type="checkbox"/> Animation (2D and/or 3D)               | <input type="checkbox"/> Microsoft Office (Word, Excel)          |
| <input type="checkbox"/> AutoCAD                                | <input type="checkbox"/> PowerPoint                              |
| <input type="checkbox"/> Database Management/Design/Development | <input type="checkbox"/> Web design/HTML                         |
| <input type="checkbox"/> Graphic Design                         | <input type="checkbox"/> Online survey tools (i.e. SurveyMonkey) |
| <input type="checkbox"/> Hardware Maintenance/Repair            | <input type="checkbox"/> Other (specify): _____                  |

**YOUR AREAS OF INTEREST FOR VOLUNTEERING AT ACT:**

*(Check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting Support                                      | <input type="checkbox"/> Information Desk/Access Centre (Front Desk) |
| <input type="checkbox"/> Administrative Support                                  | <input type="checkbox"/> Information Technology Support              |
| <input type="checkbox"/> Board of Directors/Board Committees                     | <input type="checkbox"/> Office Support                              |
| <input type="checkbox"/> Employment Services                                     | <input type="checkbox"/> Peer Mentorship                             |
| <input type="checkbox"/> Fundraising Event Day Volunteer (AIDS Walk, SNAP, etc.) | <input type="checkbox"/> Research and Evaluation Support             |
| <input type="checkbox"/> Fundraising Event Committee Member                      | <input type="checkbox"/> Telephone Fundraising, Donor Relations      |
| <input type="checkbox"/> Fundraising Office/Admin Support                        | <input type="checkbox"/> Women's Community Programs                  |
| <input type="checkbox"/> Gay Men's Community Programs                            | <input type="checkbox"/> Workshop/Discussion Group Facilitation      |
| <input type="checkbox"/> Group Facilitator (Support Groups)                      | <input type="checkbox"/> Youth Community Programs                    |
| <input type="checkbox"/> Income Tax/Insurance Benefits/Other Financial Clinic    |  |

**GENERAL AVAILABILITY FOR VOLUNTEERING:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 10am-2pm							
Afternoon 2-6pm							
Evening 6-9pm							

How long would you like to be a volunteer with ACT?

How many hours per week can you commit to?

Anything else you'd like us to know about you? Example: previous volunteer, employment, or education experience

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Please provide the names and telephone numbers of two references, other than family members:

NAME & RELATIONSHIP TO YOU	EMAIL <u>AND</u> TELEPHONE NUMBER

**NOTE:** Please complete and attach "AUTHORIZATION FOR PRIOR EMPLOYER/PERSONAL REFERENCE TO RELEASE INFORMATION" form.

I hereby certify that all information included in this application form is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR PRIOR EMPLOYER/PERSONAL/VOLUNTEER AGENCY TO  
RELEASE INFORMATION FOR REFERENCE PURPOSES**

Please read the following statements, sign below and return with a copy of your references' contact information. Thank you.

I, \_\_\_\_\_, hereby authorize my prior employer/  
volunteer agency/ personal reference, \_\_\_\_\_  
and \_\_\_\_\_ (or attach a hard copy of references or  
reference contact information by email confirmation) to release any and all information  
relating to my employment/ volunteering with them to the AIDS Committee of Toronto  
(ACT).

I further release and hold harmless the above name references and ACT from any and  
all liability that may potentially result from the release and/or use if such information. I  
understand that any information released will be held in strictest confidence, that it will  
be viewed only by those involved in the selection of volunteers, and that neither I nor  
anyone else not so involved will have the right to see the information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name – printed