



VOLUNTEER APPLICATION

When completed, please return to: AIDS Niagara, 120 Queenston St., St. Catharines, ON. L2R 2Z3

As a community-based charitable organization, AIDS Niagara is committed to improving the quality of treatment, support and advocacy for all those affected by HIV/AIDS virus, and to preventing the spread of the virus through education and awareness.

Confidentiality is a crucial issue in the work of AIDS Niagara. All volunteers are asked to sign an Oath of Confidentiality before taking on any assignments. Disclosure of any information about clients can be grounds for dismissal and possible legal action. In the interest of protecting our clients and AIDS Niagara, a police security check (CPIC) will be necessary for placement as a volunteer in any client-related positions and in fundraising positions.

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Name: _____

Complete Address: _____

Postal Code: _____ Age Range: 16-20 21-30 31-40 41+

Home Phone: _____ Use Discretion? Yes No

Work Phone: _____ Use Discretion? Yes No

E-Mail : _____ Use Discretion? Yes No

For recognition purposes, please provide us with your **month and day** of birth____/____

Can we send mail to your home address? Yes No

1. Please state reasons for your interest in volunteering with Aids Niagara.

2. Would you have any objection to having a police check done? (It will cost you \$15.00)
Yes No
3. Have you had any experience with the following: death or terminally ill, palliative care and/ or HIV/AIDS? _____

4. Do you feel comfortable discussing the above issues? _____

5. A) Do you think your family and friends would be comfortable with your involvement with AIDS Niagara? _____
 B) How would you approach them if there were a problem?

6. **PROGRAM AREAS** (Work in some areas is not immediately available and all program staff will implement their own interview and training after the initial orientation.)

Please circle specific activities that interest you.

Client Support Services	Caregiver, friendly visiting, palliative care teams, funeral planning, drivers, budgeting, income tax, meal preparation, light housekeeping, massage therapy, minor repair/ maintenance to home
Education	Speakers bureau, education/health fair displays
Fundraising	Walk, bingo, special events, fundraising displays, various committees
Administration	Reception, filing, photocopying, preparing mail outs
Outreach	Peer education, display volunteer, computer work, photocopying
Supportive Housing	Assisting palliative care teams, drivers, friendly visiting
Volunteer Services	Photocopying, special events, volunteer fairs, mail outs
Policy Volunteers	Board of Directors, Advisory Committees
Bits and Pieces	Decorating for holidays, folding pamphlets, holiday hampers

7. Do you own a truck or van that you would be willing to have used for client moves? Yes No
8. Are there any physical or medical restrictions/limitations that we should be aware of? (E.g. Unable to lift heavy objects) Yes No
9. Would you be willing to drive clients to appointments using your own car? (If so a valid license will be required along with \$1,000,000 liability) Yes No
10. Are you available for overnight shifts (care teams, hospital support)?
 Yes No
11. Other than English, do you write or speak another language? Yes No
 Please give details: _____
12. What times are you available to do volunteer work? _____

EMPLOYMENT EXPERIENCE

Date	To/From	Name & Address of Employer	Type of work

VOLUNTEER EXPERIENCE

Dates To/From	Name of Organization	Type of work

May we contact your previous volunteer placements? Yes No

EDUCATION

Schools/Training programs Attended: _____

Special Certificates: e.g. CPR, Crisis Management: _____

REFERENCES

Name	Telephone Number	Relationship

I give my permission to contact the above references in regard to my application to Volunteer. (Please inform references that we may be calling.)

Signature: _____ Date: _____

CERTIFICATION

I, _____, certify that, to the best of my knowledge, all of the above information is true.

_____ Date: _____
 Signature

Applicants under the age of sixteen (16) must have a parent's/guardian's signature:

_____ Date: _____
 Signature of Parent/Guardian

How did you become interested in A.N.? _____

**** Please note: Submitting an application does not guarantee a volunteer position at Aids Niagara**

FOR VOLUNTEER COORDINATOR'S USE ONLY

INTERVIEWED Yes No Date: _____ By: _____

Result of Interview: _____

Acceptable for Placement? Yes No _____
Recommended Placement Area: _____

Training Required: Yes No _____

Check List:

Details	Date Completed
Added to Mailing List	
Volunteer Orientation Completed	
Date of first Placement	
Follow-up Details:	