



Volunteer

Volunteer Application

If you are interested in volunteering at The AIDS Network there are a few simple steps!

- Fill out the attached application form.
- Get two people to fill out the attached reference forms. They must have known you for at least one year, be over 18 years of age and may not be family members. References may be *but are not required to be* professional/past employers.
- Meet for a screening interview.
- Identify a volunteer role that is right for you.
- Attend the next scheduled Volunteer Orientation Information Session you are able to.
- Obtain a Criminal Record Check (this is required for some positions)

If you have any questions please feel free to contact us.

You can contact James Diemert- Community Engagement Coordinator at 905-528-0854 extension 234 or email at cec@aidsnetwork.ca



Volunteer Application The AIDS Network

This information is kept confidential and available only to authorized personnel at The AIDS Network.

Date Received: _____

Contact Information

Name:

First

Last

Legal Name (if different from above):

First

Last

Birth Date: _____ Pronouns: she/her he/him they/them other: _____
yy/mm/dd

Address: _____

City: _____ Province: _____

Postal Code: _____

Home/Cell Phone: _____ Work Phone: _____

Email: _____

What is your preferred method of contact? _____

Emergency Contact

As a volunteer at The AIDS Network, it is important that we have an emergency contact for you on file. Could you please list the person who we would contact in case of an emergency.

Name: _____ Phone: _____

Relationship: _____

(eg: parent, partner, friend)

Personal Information

Please tell us a bit about the following:

Current or previous work and/or volunteer experience (you can attach a resume if you have one)

What Languages do you communicate in?

_____ Understand Read Speak Write
_____ Understand Read Speak Write
_____ Understand Read Speak Write

American Sign Language? Yes No

Volunteer Interest

Please indicate areas of interest by placing a check next to each volunteer role at The AIDS Network that might appeal to you.

- Administration** Reception Filing Data Entry IT Help
- Education** Speaker's Bureau Workshops
- Fundraising** Walk for Life Taste for Life Special Events
- Governance** Volunteer Advisory Committee Board Committee Member
- Community Engagement** Festival/Event Info Booths Social Media Updates
 Newsletter(s)
- Outreach** Youth Women African-Caribbean MSM (men who have sex with men)
- Support** Food Boxes Complimentary Therapy Support Group Facilitators
 Community Kitchen Book Club Peer Support Drop-In
 Transportation Assistance Home/Hospital Visits
- Harm Reduction** The VAN Needle Exchange On-Site Needle Exchange
 Needle Clean Up (Community Points)

Availability and Commitment for all your Interest Areas

Various programs require different time commitments. Some of our programs rely heavily on volunteers. As a result in some programs we ask that you seriously consider 4 hours a week.

Please indicate your availability by placing a check under all days and times during which you could volunteer.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are many volunteer positions which do not require a car or a drivers licence. However it is helpful to know who does have access to a vehicle.

Do you have a 'G' Class Ontario Driver's License? Yes No

Do you have a vehicle in good working condition? If so what kind: Car Truck SUV/Van

Are you willing or able to travel outside of Hamilton? (If you are circle the ones that apply)

Halton Haldimand Norfolk Brant

Your Signature

Date

Please submit the completed application and completed references to:

The AIDS Network Attn: James Diemert –Community Engagement Coordinator
140 King St. East, Hamilton, ON L8N 1B2

cec@aidsnetwork.ca

905-528-0854 x 234



CONFIDENTIAL VOLUNTEER REFERENCE FORM

You have been asked to be a reference for _____. Please complete all areas of this reference form. All information will be kept confidential and available to only authorized personnel at The AIDS Network. Thank you very much for completing this form. We may also contact you by phone or email if required.

Name of Reference: _____

Address: _____

Phone: _____ email: _____

1. How long have you known the applicant and in what capacity?
2. How would you describe the applicant?
3. What strengths do you believe the applicant will bring to this position as a volunteer?
4. Can you share any feedback on your knowledge of the applicant's previous volunteer or work experiences?
5. In general, how does the applicant get along with people? Including how they relate to other adults and how do they relate to young people.
6. We have strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies?
7. Would you have this applicant volunteer with your organization or business?
8. Any other comments?

Signature of Reference

Date



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Name of Reference: _____

Address: _____

Phone: _____ email: _____

9. How long have you known the applicant and in what capacity?
10. How would you describe the applicant?
11. What strengths do you believe the applicant will bring to this position as a volunteer?
12. Can you share any feedback on your knowledge of the applicant's previous volunteer or work experiences?
13. In general, how does the applicant get along with people? Including how they relate to other adults and how do they relate to young people.
14. We have strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies?
15. Would you have this applicant volunteer with your organization or business?
16. Any other comments?

Signature of Reference

Date