



# VOLUNTEER APPLICATION

## BASIC INFO

Today's Date:

Name:

Address:

City:

State:

ZIP:

Primary Phone:

E-mail Address:

## EMPLOYMENT INFO

Place of Employment:

Position Title:

Supervisor (may be contacted for reference):

Supervisor Phone:

## VOLUNTEERING INFO

How did you become interested in volunteering with AVOL? Are you applying to be a Volunteer due to a program requirement?

NOTE: As a volunteer, you will be required to attend periodic training meetings.  
As a volunteer, you may be asked to participate in events/activities at late hours and/or weekends if your availability allows.

Please indicate the hours and days you are available to volunteer:

<input type="checkbox"/> Monday _____	<input type="checkbox"/> Friday _____
<input type="checkbox"/> Tuesday _____	<input type="checkbox"/> Saturday _____
<input type="checkbox"/> Wednesday _____	<input type="checkbox"/> Sunday _____
<input type="checkbox"/> Thursday _____	

How many total hours are you willing to volunteer each month?

**HIV/AIDS-RELATED INFO**

Do you know your HIV status?            Y                            N

Which of the following best describes your level of knowledge about HIV/AIDS:

- Advanced                       Intermediate                       Basic                       None

HIV / AIDS affects people of all backgrounds. As a volunteer with AVOL, you may be asked to work with many different groups of people. Please indicate if you would find it difficult to work with any of the groups listed below, and provide an explanation:

- People with a different sexual orientation
- People of a different race
- People who have different religious/spiritual beliefs
- People with mental disabilities
- People who are transgendered
- People of the opposite gender
- People under 18 years old
- People with physical disabilities
- People who actively use alcohol/drugs
- People who are elderly

Please explain:

What experiences, skills, special education or interests do you have that might help you work with HIV / AIDS clients?

- State HIV Testing & Counseling Certification
- IT/Computer Skills
- Communication Skills
- Social Networking
- Art/Photography
- Office Skills
- Social Work Skills
- Special Other Skills (please describe)

As a volunteer you may be asked to answer telephones. Are there any types of calls/questions you can anticipate might be difficult for you to manage?



**BACKGROUND INFORMATION**

Have you ever been convicted, imprisoned, or fined for a felony? Y  N   
If so, explain:

Have you or a family member ever received services as a client of AVOL? Y  N

Please list three references (other than relatives or AVOL Inc. staff) that we may contact.  
One reference must be a professional reference (i.e. present/previous supervisor, professor, etc.).  
Please give complete address:

Reference 1

Name: Relationship to Applicant:  
Address:  
Phone: Email address:

Reference 2

Name: Relationship to Applicant:  
Address:  
Phone: Email address:

Reference 3

Name: Relationship to Applicant:  
Address:  
Phone: Email address:

**BACKGROUND CHECK**

I hereby give AVOL (AIDS Volunteers, Inc.) permission to perform a check of my background, including criminal record, personal/professional references, and other persons or sources as appropriate for the volunteer positions in which I have expressed an interest.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer activities.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer activities and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer activities and such other information, as they deem appropriate.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Background Check Data

Name (First, middle, last):

Alias/Maiden:

Date of Birth:

Social Security Number:

Address:

City:

State:

ZIP:

Length of residency in Kentucky:

**CERTIFICATION**

I certify that all answers to the questions in this application are true and I further understand that any false statement in this application will be sufficient grounds of rejection of the application or termination of volunteer status without notice at any time hereafter. I agree to and authorize AVOL (AIDS Volunteers, Inc.) to complete a pre-employment drug screening and understand that a positive drug screening may result in rejection of the application. I further authorize AVOL to complete a criminal records check and a credit check if I have applied to a position subject to this requirement. I understand that the findings of a record check may be grounds for rejection of application or termination of volunteer status without notice. I authorize AVOL to make all necessary investigations to verify information contained herein, and authorize and release from liability any and all references to provide information relevant to my application for volunteering with AVOL.

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Signature of Applicant

Date

Please return this form to:

Volunteer Coordinator  
AVOL (AIDS Volunteers, Inc.)  
225 Walton Avenue, Suite 110  
Lexington, KY 40502

or fax to:  
Volunteer Coordinator  
859-225-9244

or email to:  
volunteer@avolky.org  
(signatures will be collected on site)

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NOTES: (For Internal Use Only)