



Volunteer Application
This information is CONFIDENTIAL

Volunteer **Practicum Student**

Date Received in Office:

Please Print:

Name:

First Middle Initial Last

Address: _____

City: _____ Province: _____

Postal code: _____ Discretion needed? Yes No

Home/Cell Phone _____ Discretion needed? Yes No

Work Phone _____ Discretion needed? Yes No

Email: _____

Emergency Name _____ Emergency Phone: _____

Birth Date: _____ Sex: female male trans other
[yy/mm/dd](#)

What is your cultural/ethnic background?

(This information is optional, but it often helps us meet specific requests from cultural groups or organizations)

Personal Information

Are you currently employed? Yes No

Current or previous work experience (or attach a resume)

Do you have an Ontario Driver's License? Yes No

Do you have: Car Truck SUV Van

Are you willing to travel within the following counties? (please circle if yes)
Huron Perth Oxford Lambton Elgin Middlesex

Education (Please Check) Secondary Post-secondary Degree/Diplomas obtained
(please specify)

Languages: _____ Understand Read Speak Write
_____ Understand Read Speak Write
_____ Understand Read Speak Write

American Sign Language for the Deaf? Yes No

Employment/Language/Education

Reasons for Volunteering?

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

How did you hear about us?

- Volunteer Centre Brochure Internet/Website TV
 Newspaper Personal College/University Events
 Friend/Family (*other*) _____

Please indicate your 1ST, 2ND, AND 3RD choices from ALL *not each* volunteer area below:

Direct services and support programs

| _____ Country Cupboard _____ Condom Packing _____ Reception Services
_____ Outreach _____ Needle Exchange

Prevention, Education and Information programs

_____ Community Outreach Team

Administration programs

| _____ Financial Assistant _____ General Administration _____ Board of Directors
_____ IT assistant _____ Graphic Design _____ Webpage Design

Events

| _____ London PRIDE _____ Taste for Life _____ Walk for Life
_____ World AIDS Day _____ Special Events/Campaigns AIDS Awareness
Week Online Auction Coordination
_____ other project/negotiated position:

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

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Greeting people | <input type="checkbox"/> Administrative /Data Entry | <input type="checkbox"/> Postering |
| <input type="checkbox"/> Admission | <input type="checkbox"/> Phone Support | <input type="checkbox"/> Mail Outs |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Event Outreach | |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Accounting | |
| <input type="checkbox"/> Business/Marketing | | |
| <input type="checkbox"/> Media | <input type="checkbox"/> Public Relations | |
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Training/Facilitation | <input type="checkbox"/> Graphic Arts |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Communications | |

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

Availability and Commitment for all your Interest Areas

The AIDS Committee of London volunteers are asked to seriously consider a commitment of **x** hours per week for one year.

	M	T	W	T	F	Sa
Morning	<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"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>					

Personal Experience

(please print)

1. Have you previously applied to volunteer at the AIDS Committee of London?

Yes No If yes, when and which position(s)?

2. What past volunteer experience do you have?

3. What did you enjoy the most about your previous volunteer experience?

4. What did you enjoy the least?

5. Why do you want to volunteer with the AIDS Committee of London?

6. What personal characteristics would you bring to the AIDS Committee of London as a volunteer?

7. Do you anticipate any change in your personal, professional, or academic life (i.e. work, home, studies, travel) in the next six months to one year. Yes No If yes, please explain.

8. You may be required to have a criminal record search. Is this a concern to you?
 Yes No If yes, please explain (you may opt to discuss this with the Coordinator of Volunteer Services instead of including information here).

9. What is your comfort level and experience with addictions, alcohol and/or substance abuse?

10. While volunteering at the AIDS Committee of London 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?

11. Are there any issues, situations or kinds of experiences that you find unacceptable or difficult to deal with; if so, how do you respond?

12. How do you handle stress and emotional difficulties in your own life?

Your Signature

Date

Please submit the completed application to:

AIDS Committee of London

Attn: Natalie Hébert

#30-186 King St

London ON N6A 1C7

nhebert@aidslondon

fax 519.434.1843



Volunteer Confidentiality *(please read carefully before signing)*

- All information given to volunteers by PWAs (Persons With AIDS), their lovers, family or friends, as well as other volunteers and paid staff is considered confidential.
- The AIDS Committee of London recognizes the client's right of privacy in relation to the services that our organization provides.
- While a client does not have the property right to our records, she/he has the right to protection of all information contained therein.
- All information relating to a client must be treated as confidential; this information may be written, verbal or another form. This confidentiality extends to everything volunteers learn in the exercise of their duties. Conversations with people on the AIDS Committee of London property must also be treated as confidential.
- Aside from sharing essential information with those people involved, in Ontario there are four legal limits to confidentiality or ways in which information may be released:
 1. Upon a court order or as required by law
 2. Suspicion or direct disclosure of child abuse
 3. Upon a written authorization of the client
 4. Harm to oneself or others
- Any misuse of information shall be considered a breach of confidentiality and will be cause for disciplinary action to be taken by the Coordinator of Volunteer Resources.
- I have read the AIDS Committee of London's "Policy on Confidentiality" as stated above. I understand and agree that in the performance of my duties with the AIDS Committee of London, I must hold information in confidence. Further, I understand that intentional or involuntary violation of this confidentiality may result in the termination of my association with AIDS Committee of London.

Print Name: _____

Signature: _____

Date: _____



Privacy and Personal information (*please read carefully before signing*)

1. The AIDS Committee of London will not collect, use or disclose your personal information unless you have provided your consent in accordance with the AIDS Committee of London Privacy Policy, the Ontario Privacy Protection Act and the Canadian Freedom of Information and Protection of Privacy Act, or where required by law.
2. The AIDS Committee of London Volunteer Application form requests information such as your name, address, contact information, demographic information, work history and education, for the purposes of screening, placement, and on-going training and supervision. Your personal information is also used for the purposes of debriefing and support; recognition; requests for additional volunteer roles; reference letters and verbal recommendations; program statistics and evaluation as per funding requirements; mailings of information related to the AIDS Committee of London activities and events.
3. Please know that you have the right not to answer a question or to not complete a section of the volunteer application as you so choose; however, please be aware that this may have an impact on our ability to effectively place you as a volunteer at the AIDS Committee of London.
4. In addition, you have the right at any time to withdraw consent to use your personal information for the purposes of noted above. You must notify the Volunteer Coordinator in order to activate this change. Please allow 14 business days to allow us to update our records accordingly.

Please indicate your consent for the use of your personal information for the following purposes by checking the appropriate box:

- My name may be made available for volunteer recognition purposes and activities
Yes **No**
- You may contact me regarding additional volunteer opportunities, community events and announcements, training opportunities and conferences
Yes **No**
- Please add my name to your mailing list to receive the Volunteer Newsletter
Yes **No**
- Please add my name to your mailing list in order to receive information regarding fund development activities, initiatives and campaigns
Yes **No**

I have duly read the above information and give my consent which is provided voluntarily, without coercion or undue influence. I am aware that I may revoke my consent at anytime for all or part of the information for the purposes noted above.

Print Name: _____

Signature: _____

Date: _____