



AIDS Community Research Consortium

1048 El Camino Real, Suite B • Redwood City, CA 94063

VOLUNTEER APPLICATION

Today's Date: _____

Name: _____

Are you over the age of 18? YES NO

Gender: Male Female

Address: _____

Phone: Home: _____ Best time to call: _____

Cell: _____ Best time to call: _____

Business: _____ Best time to call: _____

How did you hear about ACRC? _____

Occupation or Studies: _____

If you have done any previous volunteer work, please describe: _____

Approximately how long have you done volunteer work? _____

Please identify any skills or special interests:

- | | | | | |
|--|--|--|---|-----------------------------------|
| <input type="checkbox"/> Computer Knowledge: | <input type="checkbox"/> MAC | <input type="checkbox"/> PC | <input type="checkbox"/> IT Knowledge | <input type="checkbox"/> Research |
| <input type="checkbox"/> Medical Knowledge | <input type="checkbox"/> Administrative Skills | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Gardening | |
| <input type="checkbox"/> Phone Skills | <input type="checkbox"/> Food Handling | <input type="checkbox"/> Photography/Art | <input type="checkbox"/> Building Maintenance | |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Auto Maintenance | <input type="checkbox"/> Other _____ | | |

Do you have any knowledge of any of the following? HIV/AIDS Hepatitis C STDs

Needle Exchange Drug Abuse/Addiction Community Outreach

Are you interested in learning some basic knowledge? YES NO

What is your primary language? _____

Do you speak any other languages? _____

What is the primary reason you have chosen to volunteer at ACRC? _____

Please specify if you have any physical conditions that would limit your ability to perform certain activities: _____

Please indicate times you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday

If your schedule varies, please describe your available times: _____

Emergency Contact(s):

1. _____

Phone: _____ Relationship: _____

2. _____

Phone: _____ Relationship: _____

Confidentiality Agreement

I, _____, agree to volunteer for the AIDS Community Research Consortium. I understand that during the course of my volunteer work for ACRC I may learn certain facts about individuals affiliated with or requiring services from ACRC that are of a highly personal and confidential nature. Examples of such information are medical conditions and treatment, finances, living arrangements, employment, sexual orientation, relations with family members and the like.

I understand that all such information must be treated as completely confidential. I agree not to disclose any information of a personal and confidential nature to any person not affiliated with ACRC and authorized by ACRC to have such information.

Signature

Date