

Volunteer Application for WCAF

Contact Information

Name	
Street Address	
City St Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Days _____

Times _____

Interests

Tell us in which areas you are interested in volunteering

Filing

HIV Testing

Website

Fundraising

Board

Clerical

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Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize any previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City St Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

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Agreement and Signature

In consideration of being a volunteer for West Coast AIDS Foundation, I do hereby assume the risk of injury and all medical expenses incurred from any injury resulting from my volunteer participation. I understand, acknowledge and agree I am not covered by Workers' compensation insurance or benefits provided there under and I do hereby release, discharge and hold harmless West Coast AIDS Foundation, its agents, representatives, employees, clients, and clients families from any and all claims whatsoever, known or unknown for damages or injuries to myself.

I acknowledge that I will be expected, before placement, to complete all required sessions of the Volunteer Training Program and provide a copy of the required documents, which may include my valid driver's license, social security card and proof of auto insurance.

The information provided in this application is true in all respects without any willful omissions. I authorize West Coast AIDS Foundation to obtain a personal reference and background check. I understand that, if this application is false in any way, I will be dismissed without further notice regardless of when the false information is discovered.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.