



**WNCAP**  
Western North Carolina  
AIDS Project

## Western North Carolina AIDS Project

PO Box 2411, Asheville, NC 28802-2411

828-252-7489

www.wncap.org

### Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Best time and place to call you \_\_\_\_\_

Okay to Identify as WNCAP if we call you? \_\_\_\_\_ Okay to receive mail? \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

If you are a student, your school and field of study \_\_\_\_\_

Community and/or church affiliations you wish to share? \_\_\_\_\_

Do you speak any other languages? If yes, list. \_\_\_\_\_

How were you referred to WNCAP? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

When are you available to volunteer? \_\_\_\_\_

#### Volunteer Interests

\_\_\_ Transportation

\_\_\_ Food Delivery

\_\_\_ Buddy

\_\_\_ Fundraising Committee

\_\_\_ Special Events

\_\_\_ Client Services Committee

\_\_\_ Handyman work

\_\_\_ Outreach/Education

\_\_\_ Special Services you have to offer \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_ Gender \_\_male \_\_ female  
(Optional Statistical Data to be used for reporting statistics to financial grantors)

Why are you interested in Volunteering with WNCAP? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How has HIV/AIDS or other serious illness impacted your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your current and/or previous volunteer experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your goals and expectations as a Volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### References

Please list two references below

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I \_\_\_\_\_ realize I am making a serious commitment to volunteer my time and energy to assist WNCAP . I further agree to maintain complete confidentiality in respect for the privacy rights of all direct and indirect participants in WNCAP's activities and have read and signed the attached Confidentiality Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

(WNCAP Use Only)

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_