



Western North Carolina AIDS Project

554 Fairview Road
Asheville, NC 28803

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 __ In-office/clerical/computer __
Special Services you have to offer _____

(Optional Statistical Data to be used for reporting statistics to financial grantors)

Race/Ethnicity _____ Gender __ male __ female

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 _____

Reviewed by _____ Date _____