



## Volunteer and Intern Application

### Please Print

Colorado Springs \_\_\_\_\_ Pueblo \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(street) (city) (zip)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ May we call you at work?  YES  NO

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

Brief Description of work: \_\_\_\_\_

Formal Education (Highest year of school completed) \_\_\_\_\_

If you are a student:

School Name: \_\_\_\_\_ Year in school \_\_\_\_\_

Major \_\_\_\_\_ Name and Phone number of Advisor: \_\_\_\_\_

Do you speak a foreign language? Yes \_\_\_ No \_\_\_ If Yes, which languages: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Do you have a current Colorado Driver's License? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_

Have you been convicted of any traffic violation within the past five years? Yes \_\_\_ No \_\_\_

If Yes, please list: \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation? Yes \_\_\_ No \_\_\_

If yes, what charge? \_\_\_\_\_ Date Convicted: \_\_\_\_\_ Where: \_\_\_\_\_

Do you consent to a routine check of your criminal records? Yes \_\_\_ No \_\_\_

Please list three references of people who know you well, other than relatives and S-CAP staff. If you currently working either paid or as a volunteer please include the name of your supervisor.

| Name     | Phone | Relationship | Address |
|----------|-------|--------------|---------|
| 1. _____ |       |              |         |
| 2. _____ |       |              |         |
| 3. _____ |       |              |         |

**Availability**

| Hours     | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning   |        |         |           |          |        |          |        |
| Afternoon |        |         |           |          |        |          |        |
| Evening   |        |         |           |          |        |          |        |

Please mark the times you are available.

On-Call / Booths / Events / Special Activities (we will contact you about one-time, evening or weekend events)

Why are you interested in volunteering at S-CAP? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are your expectations about working for S-CAP? How will you know if your expectations are being met? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Volunteer Areas of Interest - Check all that apply:

- Bulk Mailing
- Front Desk / Office Support
- Food Bank
- Speaker's Bureau / Community Education
- Event Booths i.e. World AIDS Day, Spring Spree
- Special Events i.e. Red Ribbon Ball, ESCAPE Bike Ride
- Transportation Program i.e. drive clients to medical appointments,\* deliver food boxes
- Case Manager Aid\*\*

\* Transportation Program volunteers are required to provide copies of license and insurance.

\*\*Case Manager Aid – (Program In Development) may require additional training.

Volunteer opportunities may vary between communities.

Do you have any personal health concerns that might impact your work as a volunteer (i.e. Chronic fatigue, arthritis, cannot lift, etc.)?

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What difficulties would you have working with and treating equally: a) people of different socio-economic levels, b) people of different ethnic origin, c) gay men, lesbians, transgendered, or intersexed, d) people of different religious faiths, e) people differently-abled than you, or f) people with value systems very different from your own?

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Tell us about your support system. What kind of support do you find most helpful? \_\_\_\_\_

How do you know when you are stressed or overwhelmed? What do you do when you are stressed? \_\_\_\_\_

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Do you feel you can separate your personal issues from client issues? How would you do this?

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What questions do you have of S-CAP? \_\_\_\_\_

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I have read and am in agreement with the mission and services of the Southern Colorado AIDS Project (S-CAP). I confirm that the information supplied on this application is true and correct. I do hereby give S-CAP permission to inquire into my education background, references, driving record, police records, employment, and/or volunteer history. I further give permission to the holder of any such recorders to release the same to S-CAP. I do hereby hold S-CAP harmless from any liability, whether civil or criminal that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to S-CAP. I understand that S-CAP will use this information as part of its verification of my volunteer application and periodically for evaluation purposes. I acknowledge that I will not be accepted as an S-CAP volunteer until I have completed an interview with the Volunteer Coordinator and successfully completed volunteer orientation.

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Name – Please Print

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Signed

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Date