



Southern Colorado AIDS Project

### Volunteer and Intern Application

Fighting HIV and AIDS, together

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

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(last) (first) (middle) (Prefer to be called)

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

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

May we call you at work?  YES  NO

Email Address \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ (year optional)

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

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

Do you have any professional skills that you would be willing to donate to S-CAP?

\_\_\_\_\_

Fluency in the following languages:

English  Spanish  Korean  ASL  Russian  Other \_\_\_\_\_

How were you referred to S-CAP? \_\_\_\_\_

\_\_\_\_\_

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

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

What days and hours are you available to volunteer?

- Mornings (8:30 to 12:30)
- Afternoons (12:00 to 4:00)
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- On-Call / Booths / Events (we will contact you about one-time, evening or weekend events)

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

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

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

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Volunteer Areas of Interest - Check all that apply:

- Bulk Mailing**
- Front Desk / Office Support**
- Food Bank**
- Speaker's Bureau / Community Education**
- Event Booths (mostly in summer)**
- World AIDS Day (Friday December 1, 2006)**
- Red Ribbon Ball (Saturday March 10<sup>th</sup>, 2007)**
- Pikes Peak Classic Bike Ride (Sunday August 12, 2007)**
- Red Ribbon Golf Tournament in Pueblo (September 2007)**
- Transport Clients to Medical Appointments**
- Deliver Food Boxes to Clients**
- Visit Clients in their home**
- Volunteer Steering Committee (12 meetings a year)**

Do you have reliable transportation? \_\_\_\_\_

Would you be interested in volunteering with your vehicle? (i.e. food bank deliveries, driving clients to appointments) \_\_\_\_\_

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

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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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For Intern Applicants Only:

School Attending \_\_\_\_\_ Degree Program \_\_\_\_\_

Faculty Advisor \_\_\_\_\_ # of internship hours required \_\_\_\_\_

Approximate Internship Dates: Begin \_\_\_\_\_ End \_\_\_\_\_

References – Please list one personal and one school or professional related reference.

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(name) (address) (day phone)

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(name) (address) (day phone)

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. S-CAP has my permission to contact my references. I acknowledge that I will not be accepted as a S-CAP volunteer until I have completed an interview with the Volunteer Coordinator and successfully completed volunteer orientation.

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Signed

date