



139 Ralph McGill Boulevard ■ Suite 201 ■ Atlanta, GA 30308 ■ 404-874-7926, x 18
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Volunteer Application

Welcome to AIDS Survival Project (ASP) and thank you for your interest in volunteering with us! Your information will assist us in placing you in an area that matches your skills with our needs. Please print. All information is confidential.

Name: _____ Date: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone/Pager: _____

E-mail: _____

Gender: Male Female Date of Birth: _____ Ethnicity: _____

May we identify ASP when calling? Yes No

Are you under 18 years of age? Yes No If so, a parent or guardian needs to sign the following consent.

Parent/Guardian Consent (Under 18): I (we) give permission for my daughter son to volunteer for the AIDS Survival Project and participate in events associated with their work.

Signature: _____ Date: _____

How did you hear about AIDS Survival Project? _____

Employer: _____ Occupation: _____

May we call you at work? Yes No Work Phone: _____

School: _____ Course of Study: _____

New volunteer candidates must schedule a volunteer orientation interview with Greg Carraway. To do so, please contact Mr. Carraway at 404-874-7926, ext. 18 or email to gcarraway@aidssurvivalproject.org.

Date and shift times you are available to volunteer:

Once a Week Twice a Month Once a Month Other _____

Shift Time	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evenings							
All Day							

Language(s) spoken other than English, including American Sign that would be helpful in our work. (Optional)

1 _____ Read Write 2 _____ Read Write

Skills or experience you can offer (this will help to make your volunteer experience more meaningful):

- Computer Database HIV/AIDS Issues
 Housekeeping Office Special Event Planning

<p>Important health needs or alerts. (Challenges/Access, Limitation, Seizures, Diet, Meds, etc.)</p> <p>_____</p> <p>_____</p> <p>Emergency Contact: _____ Phone: _____</p>

As a volunteer with AIDS Survival Project (ASP), I agree to release ASP, its Staff, Board of Directors and Members of all claims or cause of action resulting from any accident, incident or injury I may suffer or harm to my personal property as a result of my volunteer involvement. My involvement with ASP is voluntary and I understand that I'm volunteering at my own risk and fully understand the terms of this release.

Signature: _____ Date: _____

Thanks for volunteering and welcome to our family!

Office use only	First visit	Follow-up visit	Active	In Database
Date				