



*“Building Communities
to Save Lives”*

*The Pierce County AIDS Foundation,
through education and service,
prevents HIV infection, assists persons
affected by HIV/AIDS, addresses related
health problems, and combats
associated stigma and discrimination.*

Volunteer Application

625 Commerce, Suite 10
Tacoma, WA 98402
Tel: (253) 383-2565 • Fax: (253) 597-6682
www.piercecountyAIDS.org
info@piercecountyAIDS.org

Contact Information

Name		Date	
Address		City	Zip Code
E-mail Address		May We Add You To Our Mailing Lists?	
Home Telephone	Work Telephone	Cellular/Message Telephone	
Emergency Contact Person		Emergency Telephone	
Gender <i>(Optional)</i>		Ethnicity <i>(Optional)</i>	
Sexual Orientation <i>(Optional)</i>		Date of Birth <i>(Optional)</i>	

General Information

How did you hear about our organization?		
Why are you interested in volunteering with us?		
As a volunteer, what special skills & life experiences will you bring to our organization?		
What do you expect to receive from volunteering?		
Do you have a specific area in which you would like to volunteer? <i>If yes, what?</i>		
Would you be interested in working on a special event like Dining Out for Life or the Pierce County AIDS Walk?		
Are you a member of any civic, social, professional, or religious/spiritual groups (e.g., Rotary, Kiwanis, Church, etc.)? <i>If yes, please specify.</i>		
May we use your name in our publications?	Do you have a vehicle?	Are you willing to drive?
Do you fluently speak any language other than English (e.g., ASL, Spanish, etc.)? <i>If yes, please specify.</i>		
Do you have any mental, physical or emotional limitations that may limit your ability to volunteer?		

References

Name	Relationship	Telephone	Years Known
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Criminal Background Information

Because the Pierce County AIDS Foundation is a service organization, we must screen all volunteers to ensure the safety of clients, staff, visitors, event participants, and other volunteers. If you have a criminal history or there is a question, you will be contacted by a staff member in Volunteer Services. A positive check will not automatically bar you from volunteering. All results will be attached to your application and will remain strictly confidential.

Have you been convicted of any criminal offense or released from prison within the last seven years? *Please explain.*

If you are pursuing mandated court service hours, please fill out the following information:

How many hours? _____ Case Number: _____ Scheduled Completion Date: _____

Parole Office Telephone Number: _____ Parole Officer E-mail Address: _____

Volunteer Waiver

As a volunteer of the Pierce County AIDS Foundation, I consent to hereby discharge and forever hold harmless the Pierce County AIDS Foundation and all other sponsors from responsibility for any injuries or damages I may suffer as a result of my participation as a volunteer. I certify I am physically able to participate in and/or volunteer for this organization and I will abide by the rules and instructions of the Pierce County AIDS Foundation.

I have read this information and certify my compliance by the signature below.

Name _____ Date _____

Parental/Legal Guardian Permission to Volunteer

If you are under the age of 18, please have your guardian complete the following section:

I certify that I am the parent/legal guardian of the volunteer applicant. I give permission for the applicant to begin service in the Volunteer Program at the Pierce County AIDS Foundation. I understand I will be informed of this youth's choice to volunteer service prior to her/his volunteer commitment(s).

Parent/Legal Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Date of NVO Letter	Date of Interview	Date of NVO	Date of Background Check
Date of Acceptance/Rejection	Date of Volunteer Notification Letter	Date of Data Entry	Date of Mailing List Notification
DL Number	DL Expiration Date	Insurance Expiration Date	
Professional License(s) Held	Professional License(s) Expiration Date(s)		
Forms <input type="checkbox"/> License(s) <input type="checkbox"/> Insurance <input type="checkbox"/> Criminal History <input type="checkbox"/> Agreement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Notes		