



Alliance improves the health of communities impacted by HIV/AIDS through compassionate and nonjudgmental prevention, support services, and connection to care.

## Volunteer Application

PLEASE NOTE: All sections marked with \* are required; you may mark sections not applicable to you with N/A.

### VOLUNTEER INFORMATION

First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ he/him, she/her, they/them, etc.

Phone:\* (\_\_\_\_) \_\_\_\_\_ Email:\* \_\_\_\_\_

Home Address:\* \_\_\_\_\_

City:\* \_\_\_\_\_ State:\* \_\_\_\_\_ Zip:\* \_\_\_\_\_

Birthdate:\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Required for our annual background check process.

The following questions help Alliance track various demographic data; this information will not be used for screening and placement.

Are you a veteran?  Yes  No

Are you living with a disability?  Yes  No

Race:  African American/African/Black  American Indian or Alaska Native  Asian  Caucasian  Native Hawaiian or Pacific Islander  Other \_\_\_\_\_

Ethnicity:  Hispanic/Latinx

### EMERGENCY CONTACT

First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_

Phone:\* (\_\_\_\_) \_\_\_\_\_ Email:\* \_\_\_\_\_ Relationship:\* \_\_\_\_\_

#### How did you learn about volunteering at Alliance?

- Friend/relative  Social Media: Facebook/Instagram  Alliance website  Alliance employee  Activate Good  Other \_\_\_\_\_

Volunteered at Alliance before? \_\_\_\_ yes \_\_\_\_ no. If yes, when: \_\_\_\_\_

Do you have relative(s) and or friend(s) employed by Alliance? \_\_\_\_ yes \_\_\_\_ no. If yes, please specify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### What kind of volunteer activities are you interested in? Please check all that apply.

- Administrative and program support, e.g., data entry  Phlebotomy/Testing/other medical help  Market PLACE Pantry stock, food pick-up, cleaning...  Translation/Interpretation List language(s): \_\_\_\_\_  Special Events (Drag BINGO, AIDS WALK, Auction  Other: \_\_\_\_\_  Community outreach (Health Fairs, PRIDE...)  Alliance Board of Directors

**Why do you want to volunteer with Alliance?**

**What skills or experiences would like to contribute to and/or gain from volunteering with Alliance?**

Describe your experience and interest in working with people living with low incomes, experiencing homelessness and people from diverse backgrounds (race/ethnicity, different culture, gender, sexual orientation, religion, age, etc.):

**REFERENCES**

Alliance contacts references for all volunteer positions after a prospective volunteer attends an orientation. Please list two references. Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable.

First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_

Phone:\* (\_\_\_\_) \_\_\_\_\_ Email:\* \_\_\_\_\_ Relationship:\* \_\_\_\_\_

First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_

Phone:\* (\_\_\_\_) \_\_\_\_\_ Email:\* \_\_\_\_\_ Relationship:\* \_\_\_\_\_

**AUTHORIZATION\***

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Alliance.

\_\_\_\_\_(Initial) **Authorization\***

**MEDIA RELEASE\***

In initialing and signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with Alliance. I understand that Alliance will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Alliance materials such as printed publications, the Alliance website [www.aas-c.org](http://www.aas-c.org), videos, social media, grant proposals, and promotional materials to support Alliance and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the Alliance at [volunteers@aas-c.org](mailto:volunteers@aas-c.org) or 919-834-2437. Once requested, Alliance will not create new materials using participants’ media – but we may continue to use already printed materials until we can make replacements.

\_\_\_\_\_(Initial) **Media Release\***

.....  
**Volunteer Full Name\*:** \_\_\_\_\_

**Volunteer Signature\*:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent/Guardian Full Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Required if volunteer is under the age of 18.*

**SUBMIT FORM**