



Volunteer Application

Today's Date		Interview Date	
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Contact Information (please print legibly)	
Name	
Street Address	
City, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

We depend on Volunteers who are reliable and competent. Most volunteers are assigned lead positions and are in charge of a team at events and functions. This is a great opportunity to develop leadership skills.

Availability (Please indicate your hours you are available each day to lead project assignments)		
_____ to _____ Monday	_____ to _____ Thursday	_____ to _____ Saturday
_____ to _____ Tuesday	_____ to _____ Friday	_____ to _____ Sunday
_____ to _____ Wednesday		_____ to _____ Holidays

Please check **ONLY** the positions you are interested and available for. Grey colored positions represent fundraising event positions. Volunteers are the life blood of Being Alive and we simply cannot exist without volunteers. Please be sure you are able to commit time and knowledge/skill before applying. New skills learned by volunteering can be used on your work resumes and references for potential jobs in the workforce. The Executive Director will provide written referrals for those who excel in volunteer work.

Opportunity Assessment			
How many hours per week would you be able to volunteer?		How did you hear about Being Alive LA?	
Areas of Interest(s): Check all interests			
Event Development	Volunteer Development	<i>Other:</i>	<i>Event Check-in</i>
Event Planning	Prevention Outreach		<i>Event Coordinator</i>
Social Marketing	Services Outreach		<i>Event: Silent Auction Team</i>
Print Marketing	Community Outreach		<i>Event: Planning Team</i>
Corp. Development	Speakers Bureau		<i>Event : Volunteer Coordinator</i>
Public Relations	Fundraising Development		<i>Event Site Team</i>
Media Projects	In-Kind Acquisitions		<i>Event Sign Team</i>
Public Education	Being Alive Ambassador		<i>VIP Coordinator</i>
Office General	Buddy Program Advocate		<i>Other</i>

Specialize Training
Please list or describe any specialized or certification training you have that might be helpful to Being Alive?

Do you speak, write in any other language?	
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Previous Volunteer Experience (Names of other organizations you have volunteered for and job/position)

Organization Name:	Dates:	Position:

Why are you interested in volunteering with Being Alive LA?

Referred by Volunteer Center?	<input type="checkbox"/>	Walked in to Volunteer?	<input type="checkbox"/>	Referred by Friend/Member to Volunteer?	<input type="checkbox"/>
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Confidentiality Agreement

I understand that I am volunteering my time to Being Alive LA, and that in the course of my work, may learn certain information about individual client-members or group participants. I further understand that all information regarding client-members or group participants is extremely confidential and may not be discussed with other client-members or group participants or the public. (This includes their very membership within Being Alive LA, their address, phone number, sexual orientation, HIV status and other personal information.) This requirement is part of the HIPAA Act and is the law.

By signing below, you agree that you will keep all information and personal matters strictly confidential to protect the confidentiality of all participants of Being Alive.

Agreement and Signature

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Staff Signature:		Date:	
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