

VOLUNTEER APPLICATION

Name:	Date:				
Volunteer Interest (if known):					
Personal Information					
Preferred pronoun (i.e. he/she/they):		Date of Birth:			
Primary phone number:		5:			
Address: Do you prefer phone or email communication?	D Phone				
Volunteer Interests (Please check as many as you'd like.)					
Kitchen Assistant					
DBX Driver					
Therapeutic Activity (please specify skill:)			
Translator (language:)				
Hairstylist/Barber					
Activity Facilitator (please specify:)			
On Call Volunteer					
Events, Programs and Other occasional volume	unteer needs				
□					

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

 \Box My schedule varies

Occasional, as needed

Skills and Experience

- Bilingual in _____
- \Box Graphic Design
- □ Have Food Handler's Card
- Event planning
- □ Photography/Film
- □ Acupuncture (must be licensed)

Please briefly describe skills and experience:

- $\hfill\square$ Cutting hair
- □ Massage (must be licensed)
- □ Group facilitation
- □ Teaching/Tutoring
- $\hfill\square$ Arts and crafts

Please describe the experience you have had (if any) with people who are living with HIV/AIDS:

Please describe experience you have had (if any) working, volunteering, or living with individuals who come from a background that is different from yours:

Is there anything else you'd like to share about yourself?

Please provide one volunteer or work reference:

Name: _____

Phone: _____

Please note, the HIV Services programs require volunteers to complete a background check. Once we receive your application, a staff member with the HIV Day Center or the Daily Bread Express will contact you regarding your interests and the background check process and cost.

Thank you for your interest in volunteering with HIV Services! Scan/email, mail or fax your application:

HIV Services, a program of Ecumenical Ministries of Oregon

- hivcenter@emoregon.org
- 2941 NE Ainsworth St, Portland, OR 97211
- F: 503-460-3933
- P: 503-460-3822