



The AIDS Project of Central Iowa
 711 East 2nd Street Des Moines, IA 50309 515-284-0245

Volunteer Application

Please print clearly and return to Brett Ward. All information given is optional and strictly confidential.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Email address: _____

Date of Birth _____ Occupation/Major _____ Education Level _____

Employer/School _____ Emergency contact: _____

List language(s) you speak fluently, other than English _____

Have you ever been convicted of a felony? ___ Yes ___ No If yes, explain _____

Have you ever been placed on a sex offender registry? ___ Y ___ N If yes, in which state? _____

Have you ever been involved with The Project before? ___ Y ___ N If yes, how? _____

Previous volunteer experience if any _____

How did you hear about volunteering at The Project? _____

Please check any area(s) that apply to you.

<input type="checkbox"/> client transport	<input type="checkbox"/> marketing
<input type="checkbox"/> tutor/mentor	<input type="checkbox"/> fundraising
<input type="checkbox"/> grocery shopping	<input type="checkbox"/> special events
<input type="checkbox"/> building and repairs/painting	<input type="checkbox"/> photography
<input type="checkbox"/> moving, hauling, lifting	<input type="checkbox"/> volunteer recruitment
<input type="checkbox"/> snow removal	<input type="checkbox"/> bulk mailings
<input type="checkbox"/> yard work	<input type="checkbox"/> food bank pick-up
<input type="checkbox"/> cooking	<input type="checkbox"/> reception

Fill out the Availability section below:		
Availability:	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

OFFICIAL USE ONLY	VOLUNTEER NUMBER _____
TRAINING DATE _____	
MAIL LIST _____	
VOLUNTEER DATABASE _____	