

Iowa Center for AIDS Resources & Education VOLUNTEER APPLICATION

I. Personal Information

*list a work number only if
you can receive calls there*

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City, State _____
Zip Code: _____ Occupation: _____

Email address: _____

Are you at least 18 years old? Yes No

Are you a student? Yes No
 Full Time Part Time

II. Volunteer Experience

Organization Name & Address	Position & Supervisor	Responsibilities	Reason You Left

May we contact your former volunteer supervisors? Yes No

III. Employment History

Employer	Position	Responsibilities	Reason You Left

May we contact your former employers? Yes No

IV. Educational Background

Name and Address of Institution	Dates Attended	Major Field of Study	Extracurricular Activities	GPA

V. Previous Training & Experience

Have you had any training, experience or education in any of the following areas?

HIV / AIDS Yes No

Dependency Issues Yes No

Developmental
Helping Model Yes No

Crisis Intervention Yes No

Grief / Loss Yes No

Any other
experience? _____

VI. Miscellaneous

1. Please list any specific experience, talents, interests or hobbies which would be useful to you in your work with ICARE: _____

2. What impact has HIV / AIDS had on your life? _____

3. How did you hear about ICARE? _____

4. Why would you like to volunteer at ICARE? _____

5. What do you consider to be your major strengths? _____

6. What do you consider to be your major improvement areas? _____

7. Please describe a significant personal or emotional loss that you have experienced: _____

VII. References

Please list three references (at least one professional) that we may contact regarding your application.

Name	Relationship	Telephone Number

VIII. Demographics

The following section is optional. This information will be used to provide information about our volunteers to our funding sources. ICARE does not discriminate on the basis of age, color, creed, gender identity, marital status, national origin, race, sex or sexual orientation.

I identify myself as:

Male Female Other: _____

I identify myself as:

Homosexual Bisexual Heterosexual Transgendered Other: _____

I identify myself as:

African American Asian / Pacific Islander Caucasian
 Native American Hispanic Other: _____

IX. Applicant's Statement

If accepted as an ICARE volunteer, I agree to maintain complete confidentiality and respect to the rights and privacy of all participants in any ICARE program and to follow all ICARE policies and procedures. By signing below, I also certify that the information provided above is true and authorize you to contact any person listed above, except where indicated to the contrary.

Applicant's Signature

Date

Thank you for your interest in ICARE! Please mail completed applications to:



**Volunteer Applications
321 First Street
Iowa City IA 52240-4703**