

2019

Volunteer Application

VPWAS; offering compassionate peer support, information and education to all persons living with HIV/AIDS for over 20 years.



VANCOUVER ISLAND PERSONS LIVING WITH HIV/AIDS SOCIETY (VPWAS) VOLUNTEER APPLICATION FORM

Volunteering for support programs and services at VPWAS can provide you with wonderful opportunities for you to enhance skills, build friendships, and actively participate in your community. Our support programs and services also allow you an opportunity to work with diverse populations who will benefit greatly from your unique contribution of energy, compassion, and talent.

*We welcome such support, but reserve the right to accept, decline or end such involvement in the best interests of the Society.

Date of Ap	plication: mo	ontn / day /	<u>year</u>	How did you hear about volunteer			
First Name	: :			opportunities with VPWAS?			
Last Name				 □ VPWAS website □ News Letter □ Other Link Website □ VPWAS presentation □ HIV positive person 			
Last Name	•						
Address:							
City:	ity: Postal code:			☐ Other volunteer/staff			
				☐ Other (please specify):			
Can you be	contacted by m	ail?					
Yes 🗖 No				Why do you want to volunteer for VPWAS?			
Tel:				☐ Community involvement			
Cell:				☐ Learn new skills			
Can we say	we are calling f	rom VPWAS?		☐ Socialize			
	o 🗖			☐ School related experience			
				☐ Community Volunteer Program			
Email Addı	ress.			☐ Other:			
	tact you by Ema	 ail?					
Yes 🗖 No				Have you volunteered for VPWAS before?			
	_			Yes □ No □			
Date of Riv	th: month /	day / year		If so, when:			
Date of bil	in monen /	uay / year		In which program:			
-	ve a BC Driver	r's License?					
Yes 🗖 No	☐ Class 4 ☐			Please provide us with 2 reference names and			
A				contact numbers:			
Availability		u ara available t	e valuato ori				
Please Cliec	Morning	u are available t Afternoon	Evening	Name:			
MON	Wiorining	Aitemoon	LVCIIIIB	Tel:			
				Type of reference			
TUES			<u> </u>	Employment □ Volunteer □ Character □			
WED				, ,			
THUR				Name:			
FRI				Tel:			
SAT				Type of reference			
SUN				Employment □ Volunteer □ Character □			

List any special accommodation for a disability to participate in this volunteer program: ____



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SKILLS experience interest volunteer SKILLS experience interest volunteer				I would				I would
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equipment leadership l								
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PEOPLE MANAGEMENT	_							
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Research Other: Public relations SPECIALIZED EXPERIENCE Public speaking Addiction issues	Editing /				Community			
Public relations Public speaking SPECIALIZED EXPERIENCE Addiction issues	proof reading				mobilization			
Public speaking Addiction issues	Research				Other:			
	Public relations				SPECIALIZED EXPERIENCE	Œ		
	Public speaking				Addiction issues			
	Marketing				Aboriginal issues			
Advocacy Gender issues	Advocacy			Gender issues				
Income tax returns Prison issues	Income tax returns				Prison issues			
Legal assistance Youth issues	Legal assistance			Youth issues				
Community					Community			
SPECIAL EVENTS resources	SPECIAL EVENTS				resources			
Events registration Other:	Events registration				Other:			
Set-up, take down	Set-up, take down							



VANCOUVER ISLAND PERSONS LIVING WITH HIV/AIDS SOCIETY (VPWAS) VOLUNTEER APPLICATION FORM

Please describe your experience in any of those areas:
Getting to know you!
Please tell us what you know about HIV or people living with HIV/Hepatitis C:
Please tell us about situations where you are uncomfortable:
Please tell us your views about mental illness and substance use:
People with different sexual orientations use our programs and services. Please tell us about any areas around sex or discussions about sex where you might feel uncomfortable:
What do you think are your greatest strengths for volunteering?
What do you think are your greatest challenges for volunteering?

Thank you for your interest in volunteering for The Vancouver Island Persons Living with HIV/AIDS Society!