



# 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 Application:** month / day / year

**First Name:**

**Last Name:**

**Address:**

**City:**

**Postal code:**

Can you be contacted by mail?

Yes  No

**Tel:**

**Cell:**

Can we say we are calling from VPWAS?

Yes  No

**Email Address:** \_\_\_\_\_

Can we contact you by Email?

Yes  No

**Date of Birth:** month / day / year

**Do you have a BC Driver's License?**

Yes  No  Class 4

**Availability:**

Please check times that you are available to volunteer:

	Morning	Afternoon	Evening
MON			
TUES			
WED			
THUR			
FRI			
SAT			
SUN			

**How did you hear about volunteer opportunities with VPWAS?**

- VPWAS website
- News Letter
- Other Link Website
- VPWAS presentation
- HIV positive person
- Other volunteer/staff
- Other (please specify):

**Why do you want to volunteer for VPWAS?**

- Community involvement
- Learn new skills
- Socialize
- School related experience
- Community Volunteer Program
- Other:

**Have you volunteered for VPWAS before?**

Yes  No

If so, when:

In which program:

**Please provide us with 2 reference names and contact numbers:**

Name:

Tel:

Type of reference

Employment  Volunteer  Character

Name:

Tel:

Type of reference

Employment  Volunteer  Character

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

Vancouver Island Persons Living With HIV/AIDS Society (VPWAS)

101 - 1139 Yates Street, Victoria, BC. V8V 3N2 Phone: 250.382.7927 Fax: 250.382.3232

support@vpwas.org www.vpwas.org



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

SKILLS	I have experience	I have interest	I would like to volunteer	SKILLS	I have experience	I have interest	I would like to volunteer
<b>ADMINISTRATION</b>				<b>MEMBER ACTIVITIES</b>			
Reception				Massage therapy			
Photocopying equipment				Recreation leadership			
Postage equipment.				Hair cutting			
Filing systems				Fitness instruction			
Creating correspondence				Counseling			
<b>COMPUTER SKILLS</b>				<b>PEOPLE MANAGEMENT</b>			
Hardware				Volunteer coordination			
Networks				Coordinating training			
Teaching software				Group facilitation			
Database management				<b>ACCOUNTING</b>			
Spreadsheets				Accounting			
HTML/website				Book keeping			
Word processing				<b>GOVERNANCE</b>			
Windows				Board experience			
Other:				Policy development			
<b>COMMUNICATIONS</b>				Strategic planning			
Writing				Organizational skills			
Editing / proof reading				Community mobilization			
Research				Other:			
Public relations				<b>SPECIALIZED EXPERIENCE</b>			
Public speaking				Addiction issues			
Marketing				Aboriginal issues			
<b>Advocacy</b>				Gender issues			
Income tax returns				Prison issues			
Legal assistance				Youth issues			
<b>SPECIAL EVENTS</b>				Community resources			
Events registration				Other:			
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:**

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**Getting to know you!**

**Please tell us what you know about HIV or people living with HIV/Hepatitis C:**

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**Please tell us about situations where you are uncomfortable:**

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**Please tell us your views about mental illness and substance use:**

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**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:**

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**What do you think are your greatest strengths for volunteering?**

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**What do you think are your greatest challenges for volunteering?**

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