



CONFIDENTIAL VOLUNTEER APPLICATION

All information in this application will be kept strictly confidential and shall be used only in the administration of our services.

PERSONAL INFORMATION

Name:		Date:	
Address:			
City:		State:	Zip:
Daytime Phone:		Evening Phone:	Cell Phone (Optional):
E-mail Address:		Ethnicity (optional, for grant purposes only): Caucasian African-American Hispanic/Latino Asian Other	
Can we say we are calling from SAAF? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Birth:		Age:	Sex: Male / Female
Current Employer & Years Employed:		Occupation:	
Former Employer:		Date:	Position:
Do you claim any disabilities or have any physical limitations that might interfere with your work? If yes, please explain:			
Have you ever been convicted of a felony? (If yes, please explain)			
List Prior Volunteer Activity (community, church, etc.):			
Hobbies:			

EDUCATION

School Attended:	Degree (if applicable):	Major: (if applicable)
School Attended:	Degree (if applicable):	Major: (if applicable)
Special Skills, Foreign Languages, Interests, Experience:		

In case of emergency, please contact:

Name:	Relationship:	Phone:
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Briefly explain why you want to be a volunteer at SAAF:

Other Information:

How did you hear about SAAF?	
Are you volunteering as part of a school volunteer program? If so, which school/program?	
Are you volunteering to fulfill volunteer requirements for school or work? Yes No	If yes, how many hours are required?
Do you have your own method of transportation? Yes No	If yes, what type of vehicle do you drive? Car Truck SUV Mini-Van Other:
Would you be willing to use your vehicle for SAAF volunteer activities (transporting clients, hauling equipment, etc.) Yes No	
If yes, a copy of your comprehensive auto insurance will be required and a release for a drivers record signed. I hereby authorize the San Antonio AIDS Foundation to request a copy of my driving record & consent to it being mailed directly to the San Antonio AIDS Foundation.	
_____ Signature	_____ Date
Can you estimate how long you intend to volunteer at SAAF? (certain volunteer activities at SAAF require longer-term commitments) <input type="checkbox"/> 1 month or less (short term) <input type="checkbox"/> 2-4 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 6 months – 1 year (long term) <input type="checkbox"/> Can't say at this time	
What type of volunteer position are you applying for? (See Volunteer Job Descriptions) <input type="checkbox"/> In-House (at SAAF) <input type="checkbox"/> Special Events Only (Not at SAAF) <input type="checkbox"/> I'd like to work both In-House and at Special Events	

AVAILABILITY (Please indicate times you are available. Circle all that apply):

	Weekdays	Weekends
Morning (8am-Noon)	M T W Th F	Sat. Sun.
Afternoon (Noon-5pm)	M T W Th F	Sat. Sun.
Evening (5pm-9pm)	M T W Th F	Sat. Sun.
Please indicate other times your are available (Include if you only plan to come certain times per month, etc.):		

As part of our licensing agreement with the Texas Department of Health, all volunteers working on the premises or with clients are required to complete orientation and training. This training includes facility policies concerning areas such as confidentiality, infection control and sanitation, emergency procedures and evacuation plans, and specific training for assigned tasks. Persons applying for Special Events Only positions do not need to attend volunteer training, unless specified by the event.

Are you willing to go through volunteer training? Yes No

VOLUNTEER POLICY STATEMENT

Confidentiality of all information and records of clients is required. Breach of this policy is grounds for immediate termination of volunteers. All information obtained in any matter about a client or potential client will not be disclosed to anyone without the client's written consent, except as authorized by law. Volunteers are prohibited from using or soliciting SAAF materials for personal use. In addition, volunteers will not accept material compensation or gratuity for their efforts. Acceptance of and agreement with these policies is a condition of volunteer service. A copy of your **Social Security card** and a **picture ID** will be required with your application. Volunteers must sign this statement prior to SAAF's acceptance of their service. I hereby authorize the San Antonio AIDS Foundation to **request the criminal history data available under section 411.135, Texas Government Code.** We reserve the right to refuse any person for volunteer service.

Social Security # _____

Date of Birth ____/____/____

__ Copy of Social Security

__ Copy of Picture ID

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS.

Applicant's signature: _____ Date: _____

Please return this application in person or by mail to the following address:

**San Antonio AIDS Foundation
Volunteer Services
818 E. Grayson Street
San Antonio, TX 78208
(210) 225-4715 / Fax (210) 224-7730**

Revised 06/11