

Volunteer Application

Name _____ Date _____

Street Address _____

City State ZIP _____

Phone #1 () _____ Home Work Cell Other

Phone #2 () _____ Home Work Cell Other

Email Address _____

Which volunteer opportunities interest you the most?
(Please number top three choices in order of interest)

- Data Entry
 Fund-development
 Web Design
 Graphic Design
 Tabling
 Events
 Global AIDS Education
 Office Work

Other Explain: _____

When are you available to volunteer? (Please indicate hours, such as 2-4pm)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

How many hours each week / month would you like to volunteer?

If selected as a Slum Doctor volunteer, when would you be able to start?

What is your educational background? (schools attended, majors, degree etc.)

What special skills, experience, abilities, training, or languages will you bring to our volunteer team?

Why do you want to volunteer with Slum Doctor Programme?

As a Slum Doctor Programme volunteer, what would your goals and expectations be?

Please provide two references, preferably from work, volunteer, or school experiences:

Reference #1

Organization _____ Title _____

Contact _____ Phone _____

Email Address _____

Reference #2

Organization _____ Title _____

Contact _____ Phone _____

Email Address _____

Emergency Contact

Name _____

Relationship _____

Phone _____

Are you over 18 years of age? Yes No

If under 18 years of age, parent / guardian signature is required below:

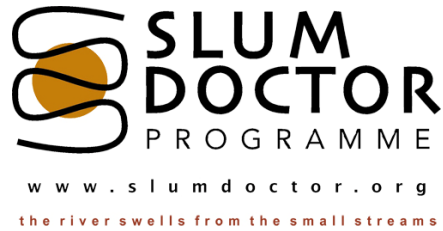
Parent / Guardian Signature, if applicable

Date

I attest that the information that I have provided is, to the best of my knowledge, true, and I grant Slum Doctor Programme permission to contact the above named references.

Signature

Date



Volunteer Expectations

We expect that you:

1. Have or develop a basic knowledge of global HIV/AIDS statistics, issues, and movements.
2. Have a basic knowledge of Slum Doctor Programme's current projects and goals.
3. Will work well with a team and individually on a variety of tasks.
4. Will maintain all commitments and project deadlines.
5. Will not disseminate confidential information.
 - Donor information of any kind
 - Names or personal information of HIV positive patients
 - Any personal information of SDP staff, fellow volunteers, donors, or SDP clientele shared during SDP volunteer service
6. Will demonstrate good communication (i.e. return phone calls and emails in a timely manner).

Name(print): _____

Signature: _____ Date: _____