

**Eastern Maine AIDS Network (EMAN)
Volunteer Application**

Please Note: All information included in this application will be kept strictly confidential. Please type or print clearly.

Name: _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Telephone: (Home) _____ **(Work)** _____ **(Cell)** _____

May we contact you at work? Y N **E-Mail:** _____

Are you 18 years of age or older? Y N **Please Note:** *If under 18, we need your parent or guardian's consent.*

Have you ever applied here before? Y N **If so, have you ever volunteered here before?** Y N

In case of an emergency, who should we contact?

Name: _____ **Address:** _____

City: _____ **State:** _____ **ZIP:** _____ **Relationship:** _____

Telephone: (Home) _____ **(Work)** _____ **(Cell)** _____

Do you have a valid drivers license? Y N **Liability insurance?** Y N

Do you have access to transportation? Y N **Could you provide transportation for others?** Y N

Do you have any physical limitations? Y N **If yes, please list:** _____

Are you fluent in a second language? Y N **If yes, please list:** _____

Have you received... (please check any that apply)

High School Diploma _____ **Certificate** _____ **What is the certificate for?** _____

Bachelor's Degree _____ **Major:** _____

Graduate Degree _____ **Major:** _____

References:

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

Please answer the following questions as completely as possible. This information will be helpful in matching your interests and skills with needs of EMAN's clients. If more space is needed, feel free to attach a separate sheet.

Why do you want to donate your time as a volunteer with EMAN? _____

Do you have any previous volunteer experience? Please list organizations, type of work, and dates of service.

Have you ever visited or been a caregiver for someone who was terminally ill? Someone with AIDS? Please describe:

EMAN is a Safe Zone and you may be working closely with people whose sexual orientation or gender identity are different from your own. What are your feelings about this?

Availability:

Please indicate the times you would generally be available to volunteer your services (days of the week, times, # of hours, etc.)

Experience and Skills:

Please check any of the following areas that you have knowledge of and/or experience in:

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Graphic Display / Design |
| <input type="checkbox"/> Advertising / Public Relations / Marketing | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Artist, visual | <input type="checkbox"/> Hospice Care |
| <input type="checkbox"/> Barber / Hairstylist | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Bereavement Counseling | <input type="checkbox"/> Peer Counseling |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Chemical Dependency Counseling | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Community Organizer | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Computer Applications (see below) | <input type="checkbox"/> Psychotherapy |
| <input type="checkbox"/> Cook / Nutritionist | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Record Keeping |
| <input type="checkbox"/> Dentist / Dental Hygienist | <input type="checkbox"/> Support Group Facilitation |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Educator / Public Speaking | <input type="checkbox"/> Training |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Typing How many WPM? _____ |
| <input type="checkbox"/> Events Planning | <input type="checkbox"/> Web Site Design / Maintenance |
| <input type="checkbox"/> Florist | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Fund Raising / Grant Writing | <input type="checkbox"/> Writing |
| <input type="checkbox"/> General Housekeeping | Other: _____ |

Please indicate level of experience with the following (not familiar, somewhat familiar, very familiar, advanced):

- | | | | |
|-------------|--------------------------------|-----------------------|--------------|
| _____ Word | _____ Excel | _____ Powerpoint | _____ Access |
| _____ Email | _____ Publisher/Photoshop/etc. | _____ IT / Networking | |

Signature of Applicant _____ Date: _____

Signature of Parent or Guardian (if applicant is under 18 years of age) _____

Please return the application to: Eastern Maine AIDS Network (EMAN), PO Box 2038, Bangor, ME 04402

Eastern Maine AIDS Network (EMAN)

Volunteer Pledge of Confidentiality

I, _____, am volunteering my time to work with the Eastern Maine AIDS Network (EMAN). I understand that during the course of my duties I may learn certain facts about individuals who are being served by the organization that are of a highly personal and confidential nature. Examples of such information are a person's medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members and the like. I understand that all such information must be treated as completely confidential.

I agree never to disclose the name of anyone who is receiving services from the Eastern Maine AIDS Network, except when meeting with or reporting to relevant staff and volunteers of the Eastern Maine AIDS Network.

I understand that any confirmed breach of confidentiality will result in my immediate discharge from the program.

Name (print)

Signature

Signature of parent or guardian (if required)

Date