

EMPLOYMENT INFORMATION

Employed? Yes No Retired? Yes No

Occupation: _____ Employer: _____

May we contact you at work? Yes No

EDUCATION

High School: _____ Dates Attended: _____

 Graduated? Yes No

College: _____ Dates Attended: _____

 Degrees Received: _____

Advanced Education/Training: _____

REFERENCES

Please provide name and contact information of two people, other than family, that you have known at least one year.

1. Name: _____ Telephone: _____

 Relationship: _____ Years Known: _____

2. Name: _____ Telephone: _____

 Relationship: _____ Years Known: _____

VOLUNTEER EXPERIENCE

Agency/Organization	Dates	Description of Service

Why do you want to volunteer with Alexian Brothers AIDS Ministry? _____

What do you hope to gain through your volunteer experience? _____

What do you hope to contribute to this program? _____

Do you have any special skills that you can contribute to the organization? _____

COMMITMENT

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Front Desk/Reception | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> |
| <input type="checkbox"/> Kitchen Assistant | <input type="checkbox"/> |
| <input type="checkbox"/> Learning Center Assistant | <input type="checkbox"/> |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> |
| <input type="checkbox"/> Internship: _____ | <input type="checkbox"/> |

Please indicate the days and times that you are available to volunteer; 4 hour shifts preferable.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How often would you like to volunteer per month?

- | | | |
|-----------------------|-------------|--------------|
| More than once a week | Once a week | Once a month |
| Once a year | One time | Other: _____ |

When are you able to begin volunteering? _____

HEALTH INFORMATION

Please describe any health problems of physical limitations which affect you and about which we should know: _____

Medication(s): _____

Name of personal doctor: _____ Telephone: _____

Emergency Contact Person: _____ Telephone: _____

Relationship: _____

VOLUNTEER AGREEMENT

Please print and return:

I, _____, have answered all questions in this application as fully as possible and affirm that all information provided by me is true. I understand that providing false information or withholding information can be grounds for dismissal as an Alexian Brothers AIDS Ministry volunteer. I also agree to the terms detailed in the Volunteer Code of Ethics Agreement and the Alexian Brothers AIDS Ministry Confidentiality Agreement.

Volunteer Signature _____

Volunteer Name (please print) _____

Date _____

Bonaventure House and The Harbor

Please remit this application to either:

Volunteer Coordinator
Alexian Brothers AIDS Ministry
825 West Wellington
Chicago, IL 60657
Phone: (773) 327-9921 Ext. 126
Fax: (773) 327-9113
E-mail: volunteers@abam.org