



# Volunteer Application

Please print or type

Date: \_\_\_\_\_

Name \_\_\_\_\_ Birthday (MM/DD): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Will you accept text messages from us?  Yes  No

Alternate Phone (\_\_\_\_) \_\_\_\_\_ Can we leave voice messages?  Yes  No

Email: \_\_\_\_\_  Check for our e-newsletter

Preferred Method of Communication:

Mail  Email  Phone Call  Text Message  Other \_\_\_\_\_

Are you 18 or older?  Yes  No \*

*\*All those under 18 require signed parental consent prior to volunteering with Saint Louis Effort For AIDS*

Are you a U.S. Citizen?  Yes  No If no, nation of origin? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

*\*Conviction will not necessarily prevent a person from performing volunteer work for the agency, but may determine the type(s) of volunteer work performed.*

If yes, what was the nature of the conviction?

\_\_\_\_\_

Do you need to complete community service hours?  Yes  No

If yes, how many? \_\_\_\_\_

Have you volunteered for EFA before?  Yes  No

If no, skip to page 2.

If yes, when? \_\_\_\_\_

What departments did you work with in the past?

\_\_\_\_\_

How did you hear about us? (Please check any and all that apply)

- STLEFA.org                       Friend or Family                       Other  
 Google                               Case Manager  
 Advertisement                       United Way
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Are you familiar with the mission of Saint Louis Effort for AIDS? What do you know about us?

Why are you interested in volunteering with EFA at this time?

What are the three most important parts to you about volunteering somewhere?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I am interested in volunteering in the following areas (check all that apply):

- EFA Office Support                       Special Events                       Thirst for Life Host  
 Friday Night Social                       PAWS Program                       Wherever you need me!  
 Tuesday Night Team                       Dining Out for Life Host                       Other: \_\_\_\_\_

Are you looking for:

- A regularly scheduled time commitment on a consistent basis  
 A semi-regular or more on-call position  
 A one-time volunteer opportunity

How many hours per:

- \_\_\_\_\_ day  
 \_\_\_\_\_ week  
 \_\_\_\_\_ month  
 \_\_\_\_\_ year

What hours are best for your schedule? (Please check any and all that apply)

Office hours are 9am-5pm and Special Events usually happen nights and weekends.

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have access to transportation?  Yes  No

Are physically/mentally able to perform the work for which you are interested?  Yes  No

What special accommodations do you require, if any?

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What special skills do you possess that you would like to utilize in your volunteer work?

*Example: Photography, computer skills, graphic design, speaking a foreign language, etc.*

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Please circle your highest level of education completed:

Some High School	GED	High School	Trade/ Voc Tech	Associates	Bachelors	Masters	Ph.D.
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Are you currently a student?  Yes  No

If yes, at what institution and in what year do you intend to graduate?

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Degree/Major:

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Do you hold licensure or certification in any health, mental health, allied field, or related areas?

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Two References (at least one should be from work or volunteer experience):

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Position/Role/Job: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Position/Role/Job: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I understand that Saint Louis Effort for AIDS must remain in compliance with HIPAA regulations; that the nature of the work performed requires maintaining the confidentiality of clients, volunteers, and staff at all times; I understand that to breach such confidentiality will result in my dismissal. I understand that this is an application for a volunteer position and not a contract for employment; I understand that as a volunteer, I will be expected to abide by all federal regulations and policies of Saint Louis Effort for AIDS as they affect the volunteers. I understand that as part of my service to Saint Louis Effort for AIDS and the Saint Louis Metropolitan community I must attend all training related to the volunteer program and that failure to attend such training may result in my dismissal. I submit that all statements made on this application are factual to the best of my knowledge and that any purposeful misrepresentation of the statements herein shall be cause for my dismissal.

**Applicant Initials** \_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Please Return To:**  
Saint Louis Effort for AIDS  
Attn: Melissa Alper  
1027 South Vandeventer - Suite 700  
Saint Louis, Missouri 63110  
Phone: 314-645-6451  
Fax: 314-754-0116  
email: [malper@stlefa.org](mailto:malper@stlefa.org)  
United Way Agency Since 1991

It is the policy of Saint Louis Effort for AIDS that the agency prohibits discrimination in employment, volunteer services, or distribution of services based on race, color, religion, gender, sexual orientation, age, nationality, disability, or veteran status. It is the policy of Saint Louis Effort for AIDS to assure all persons a fair and equal opportunity in recruitment, hiring, working, and promotional opportunities without discrimination. It is the policy of EFA to also assure that volunteers and clients are not discriminated against in the distribution of services.