



Volunteer Application

Date: _____

Please print or type

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone (____) _____ Can I text you at this number? () Yes () No

Alternate Phone(____) _____ Can messages be left at these numbers? () Yes () No

Email: _____ Check to receive our email newsletter.

Are you 18 or older? () Yes () No*

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

U.S. Citizen? () Yes () No If no, nation of origin? _____

Have you ever been convicted of a felony? () Yes () No

If yes, what was the nature of the conviction? _____

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

Do you need to complete community service hours? () Yes () No If yes, how many? _____

Have you volunteered for EFA before? () Yes () No If yes, when? _____

Departments: _____

How did you hear about us? () Website () Ad () Friend () Other _____

Are you familiar with the mission of Saint Louis Effort for AIDS?

What made you decide to pursue volunteering with us this time?

What you hope to gain from the experience?

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

- () EFA Office Support () Friday Night Social Support () Tuesday Night Team
() Special Events () PAWS Program
() Dining Out for Life Host () Thirst for Life Host Other: _____

Would a regular schedule or an on-call position be better for you?

How many hours per week _____ or per month _____ do you think you'd like to volunteer?

- What hours are best for your schedule? Monday 9a-1p Monday 1p-5p Tuesday 9a-1p
 Tuesday 1p-5p Wednesday 9a-1p Wednesday 1p-5p Thursday 9a-1p
 Thursday 1p-5p Friday 9a-1p Friday 1p-5p After 5pm

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?

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

Highest level of education completed:

- () GED () High School () Trade/Voc Tech () Associates () Bachelors () Masters () Ph.D.

Degree/Major: _____

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

Are you currently a student? () Yes () No

If yes, where and what year? _____

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

1) Name: _____ Relationship: _____ Phone: _____

2) Name: _____ Relationship: _____ Phone: _____

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 can 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 email or mail to:

Saint Louis Effort for AIDS
Attn: Bill Dahlkamp
1027 South Vandeventer, Suite 700
Saint Louis, Missouri 63110

Phone: 314-645-6451 email: bdahlkamp@stlefa.org
Proud member of the United Way of Greater St. Louis 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