



# VOLUNTEER APPLICATION FORM

Please complete all parts of this form. Please print clearly. All volunteer information and files are kept strictly confidential, available only to authorized ASAAP staff. If you have any questions about this application, please contact the Volunteer Coordinator at 416-599-2727 ext.225. Thank you for your interest in ASAAP.

**Contact Information:** Please only list addresses and/or phone numbers where it's **OK** to send you mail or leave you messages.

\_\_\_\_\_

First Name (Name you wish to be addressed by) \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Best Phone Number to contact you at \_\_\_\_\_ Email Address \_\_\_\_\_

Best Time, Place and Method to contact you \_\_\_\_\_

**Emergency Contact:** In the event of a medical or other emergency, I authorize ASAAP to contact:

\_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

What would you like for us to say / avoid saying when contacting them: \_\_\_\_\_

How did you hear about ASAAP?

- ASAAP publication/brochure    
  ASAAP Websites    
  ASAAP event    
  Coming into ASAAP    
  Friend    
  Internet  
 Service/healthcare provider    
  Social Media    
  From another agency (which one) \_\_\_\_\_  
 Ad in other publication (which one) \_\_\_\_\_    
 Others (please explain) \_\_\_\_\_

## Your Skills / Expertise (Professional degree and/or work experience)

HEALTH	COMMUNICATION	EDUCATION
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Advertising / Marketing / PR	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Editing / Proofreading	<input type="checkbox"/> Group / Workshop Facilitation
<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Graphic Design	
<input type="checkbox"/> Psychosocial Support	<input type="checkbox"/> Translation / Interpretation	<b>OTHERS</b>
<input type="checkbox"/> Health Communications	<input type="checkbox"/> Event Management / Coordination	<input type="checkbox"/>
<input type="checkbox"/> Counselor	<input type="checkbox"/> Photographer / Videographer	<input type="checkbox"/>
<input type="checkbox"/> Sexual Health		<input type="checkbox"/>
<input type="checkbox"/> Health Practitioner	<b>ORGANIZATIONAL DEVELOPMENT</b>	<input type="checkbox"/>
<input type="checkbox"/> Dietician / Nutritionist	<input type="checkbox"/> Strategic Planning	<input type="checkbox"/>
<input type="checkbox"/> Physician	<input type="checkbox"/> Research	<input type="checkbox"/>
<input type="checkbox"/> HIV /AIDS Educator	<input type="checkbox"/> Board Management	<input type="checkbox"/>
<input type="checkbox"/> Yoga Instructor	<input type="checkbox"/> Legal Skills	<input type="checkbox"/>
<input type="checkbox"/> Ayurveda	<input type="checkbox"/> Donor Relations	<input type="checkbox"/>
<input type="checkbox"/> Naturopath	<input type="checkbox"/> Fundraising	<input type="checkbox"/>
<input type="checkbox"/> CPR / First Aid		<input type="checkbox"/>

## Language Abilities

	English	Tamil	Hindi	Punjabi	Urdu	Gujarati	Bengali	Marathi	Others
Speak									
Read									
Write									

## ASAAP Program Areas

SUPPORT	PREVENTION EDUCATION	COMMUNITY DEVELOPMENT	ORGANIZATIONAL SUPPORT
<input type="checkbox"/> Outreach	<input type="checkbox"/> Education Workshop Facilitator	<input type="checkbox"/> Graphic Design Specialist	<input type="checkbox"/> Volunteer Administration
<input type="checkbox"/> Advisory Committee Member	<input type="checkbox"/> Advisory Committee Member	<input type="checkbox"/> Bimonthly Newsletter Developer	<input type="checkbox"/> Volunteer Fundraiser
<input type="checkbox"/> Buddy Program Volunteer	<input type="checkbox"/> Sexual Health Outreach Volunteer	<input type="checkbox"/> Flyer/Poster Designer	<input type="checkbox"/> Volunteer Researcher
<input type="checkbox"/> Support Group Facilitator (ELAN, C2C)	<input type="checkbox"/> Online Outreach Volunteer - Men	<input type="checkbox"/> Event Volunteer	<input type="checkbox"/> Volunteer Board Member
<input type="checkbox"/> Resource Development Volunteer	<input type="checkbox"/> Education Workshop Facilitator	<input type="checkbox"/> A/V/Event Set-up Volunteer	
<input type="checkbox"/> Translator/Proof-reader	<input type="checkbox"/> Support Space Volunteer – Men	<input type="checkbox"/> Outreach	
	<input type="checkbox"/> Brownkiss Writer – Women	<input type="checkbox"/> Education Workshop Facilitator	
	<input type="checkbox"/> Resource Development Volunteer	<input type="checkbox"/> Advisory Committee Member	
	<input type="checkbox"/> Translator/Proof-reader	<input type="checkbox"/> Translator/Proof-reader	
		<input type="checkbox"/> Library Manager	
		<input type="checkbox"/> Condom Packager	
		<input type="checkbox"/> Heart to Heart Volunteer	

## Volunteer Recognition

1) Do you give us permission to publish your name and/or photograph in ASAAP's Annual Report, quarterly newsletter and/or websites?  Yes  No

2) Do you give us permission to publicly reward your efforts at our Annual General Meeting where all our members will be present?  Yes  No

3) Do you give us permission to post your photograph in our office, and/or incorporate it in publications/displays that will be used for the purpose of promoting the volunteer program or the agency generally?  Yes  No

For recognition purposes, please provide us with your date and month of birth: \_\_\_\_\_ / \_\_\_\_\_ (No year please)

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use

### Forms Completed / Signed:

Oath of Confidentiality  Yes  No  
 Code of Conduct  Yes  No  
 Conflict of Interest Policy  Yes  No

### Trainings Completed:

1) Volunteer Orientation: \_\_\_\_\_  Yes  No

2) Core Skills Training: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Community Education: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) PHA Support: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Others Completed (Please Specify) _____		

**THANK YOU**