

APW VOLUNTEER DATA SHEET

Return to: Volunteer Administrator
AIDS Project Worcester, Inc.
85 Green Street
Worcester, MA 01604

I. PERSONAL INFORMATION

Last Name, First Name, Middle Initial Date of Birth (Optional)

Street Address City/Town State Zip

() Telephone - Day () Telephone - Evening

When we call you, we might say we are from AIDS Project Worcester. If that is **NOT OK**, please check here: _____

E-mail address _____

CHECK APPROPRIATE BOX:

____ I am mainly interested in periodic short-term assignments (e.g. setting up for dances, making phone calls, stuffing envelopes).

____ I am interested in becoming a regular APW Volunteer.

II. BACKGROUND

VOLUNTEER EXPERIENCE(S)

OCCUPATION

EMPLOYER

EDUCATION/DEGREES

ARE YOU A NATIVE SPEAKER OR FLUENT IN: SPANISH___ FRENCH/CREOLE___
PORTUGUESE__ ASL___ OTHER_____

III. AVAILABILITY Please mark the times you are currently available:

	SUN	MON	TUES	WED	THURS	FRI	SAT
MORNING							
AFTERNOON							
EVENING							

V. **SKILLS AND RESOURCES** Using the list provided, please identify the skills and resources you would like to contribute to APW. We especially need to know (1) if you are great on the phone and (2) if you use a computer, what kind you use, since we need help with data entry and word processing.

SKILLS _____

RESOURCES _____

VI. **WORKING WITH APW** Please list, by priority, the programs in which you are most interested (see "Volunteers Opportunities at AIDS Project Worcester, Inc.")

1. _____ 2. _____ 3. _____

VII. **WHAT NEEDS OF YOUR OWN DO YOU EXPECT TO FULFILL AS A VOLUNTEER (AN IMPORTANT CONSIDERATION)?**

VIII. **PLEASE DISCUSS YOUR STRENGTHS AND WEAKNESSES:**

IX. **HOW DID YOU HEAR ABOUT APW?**

Whom may we contact in case of an emergency? (Name) _____

(Telephone Number) _____

SIGNATURE

DATE

P.S. Is there any additional information you feel we should know? Please feel free to write on reverse.

**AIDS Project Worcester, Inc.
Confidentiality Statement**

I, _____, am volunteering my time and energy to work with AIDS Project Worcester, Inc. (APW). I understand that in the course of my work for APW I may learn certain facts about clients, volunteers and staff of APW, that are of a highly personal and confidential nature. Examples of such information are: medical conditions and treatment, finances, living arrangements, employment, sexual orientation, relations with family members, and even the fact that a person is a volunteer.

I understand that all such information must be treated as completely confidential. I agree not to disclose any information of a personal and confidential nature to any person not affiliated with APW, and authorized by APW, to have such information without specific consent of the individual to whom such information pertains. In case of doubt about a situation, I will first contact a staff person to whom I report.

VOLUNTEER

Print Name _____ Date _____

Sign Name _____

(AGENCY CODE)
(FEE CODE)
EOHHS
XAIDPW

CORI REQUEST FORM

AIDS PROJECT WORCESTER, INC. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested but not required)

MOTHER'S MAIDEN NAME

FORMER ADDRESS: _____

SEX: _____ **HEIGHT:** ___ft. ___in. **WEIGHT:** _____ **EYE COLOR:** _____

STATE DRIVER'S LICENSE NUMBER: _____

*****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:**

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE