



VOLUNTEER ENROLLMENT FORM

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (home) _____ (Work) _____

Email: _____

Contact in Emergency: _____ Phone: _____

Please describe why you are interested in volunteering with GALAEI.

I. SKILLS AND INTERESTS

Educational Background: (indicate the highest level completed and degrees earned, if any).

Current Occupation and Employer:

Hobbies, Interests, Skills:

Previous Volunteer Experience:

IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED?
(Check all that apply).

Data entry	_____	Counseling and Support	_____
Packing safer sex kits	_____	Recreational opportunities	_____
Housekeeping	_____	Administrative work	_____
Answering phone	_____	In-Service training	_____
Fundraising	_____	Youth activities	_____

Other: _____

DO YOU HAVE ANY EXPERIENCE WORKING WITH PERSONS WITH HIV/AIDS OR WITH AN AGENCY THAT PROVIDED SERVICE TO PERSONS WITH HIV/AIDS?

II. AVAILABILITY

At what times are you interested in volunteering? (Check all that apply)

_____ Am Flexible _____ Prefer Weekdays ___ Prefer Weekends
_____ Other _____ _____ There are times during a week
when I cannot do volunteer work.

Are there any medical or other limitations to the work you can do?

III **REFERENCES**

How did you hear about GALAEI?

List name, address, and phone number of two references, other than relatives. If possible please include one reference from a previous volunteer experience or community activity.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Signature _____ Date _____

You may fax this complete form to: Karla Diaz at 215-851-1775 or email to kdiaz@galaei.org or or mail to: GALAEI, attn: Karla Diaz, 1201 Chestnut St, 5th Floor, Philadelphia, PA 19107