



**HER Initiative, Inc.
Volunteer Application**

Date Of *ORIENTATION ATTENDED* _____

Full Name: (Mr, Mrs, Ms) _____

Mailing Address: _____

Email Address: _____ Birthday: _____

Employer: _____ Occupation: _____

Please, do not list any phone numbers which we may not call.

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Emergency Contact

Name/Relationship/Number: _____

Have you attended any HIV/AIDS training? Yes/No Date: _____

May we call you at work: Yes No

May we leave a message at your work? Yes No

May we leave a message at your home? Yes No

Program(s) you would like to work with: _____

Please list any languages you are proficient in besides English: _____

What **days** and **times** are you available to volunteer for HER Initiative?

When can you start? _____

Please list specific hours as well as days.

Sunday	Monday	Tuesday	Wednesday	Friday	Saturday

Reference 1:

Name: _____ Phone # _____

Relationship (*no family members, please*) _____

Reference 2

Name: _____ Phone # _____

Relationship (*no family members, please*) _____