



Desert AIDS Project

care :: prevention :: advocacy

DESERT AIDS PROJECT VOLUNTEER PROGRAMS

ADMINISTRATIVE SUPPORT / Volunteers assist many departments with clerical support, data entry, mailings, distribution of gas vouchers, filing etc.- background check required for certain activities.

ADVOCACY/CLIENT COMMITTEE / volunteer clients sit on the Client Committee as a liaison with the Board of Directors about client issues; attend AIDS Watch and other lobbying opportunities and help publish 'DAP-CAN', an electronic newsletter.

ATS – AIDS Test Site / volunteers provide confidential HIV counseling and testing – Certification required.

CARE TEAM / 'buddy' volunteers work with designated clients to improve quality of life through peer-counseling

CONDOM CLUB / volunteers assemble and distribute safer-sex materials and assist at health fairs and community outreach.

FOOD DEPOT / volunteers help at the monthly Farmers' Market to distribute produce and provisions

RECEPTION – Front Desk / Health Center/ ATS / volunteers assist staff running front desks

RESOURCE DEVELOPMENT / fundraising events, such as Steve Chase Humanitarian Awards, the Desert AIDS Walk and other events utilize the time and talent of many volunteers

REVIVALS RESALE STORES / nearly 3000 volunteers help run revenue-generating stores in Palm Springs, Cathedral City, Palm Desert, and San Diego.

WELLNESS VOLUNTEERS / provide a wide array of services and support groups; from the provision of holiday gifts to the children of clients; quilting and craft groups; to Reiki treatments, massage therapy etc



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Volunteer Application

D.A.P. ID # _____
Official use only

Name: _____ Birthday: _____
(Last) (First) (Mi) (mo) (day)

Address: _____
(Street) (City) (Zip)

Phone: () _____ () _____ () _____
(Home) (Work) (Cell phone)

E-Mail: _____

EMERGENCY INFORMATION:

Who would we call if you had an emergency? _____
(Name)

Relationship: _____ Phone: () _____

EMPLOYMENT HISTORY:

Are you employed? ___ yes ___ no

Where do you work? _____

What type of work have you done in the past?

May we call you at work? ___ yes ___ no

May we leave a message using the name Desert AIDS Project? ___ yes ___ no

Why do you wish to volunteer? _____

How did you hear of our program? _____

Have you ever volunteered before? ___ Yes ___ No

If so, where? _____

Please check the skills you have from the list below:

____ COMPUTER SKILLS: ___ Microsoft Word ___ Excel ___ Other _____

____ OFFICE SKILLS: ___ Typing ___ Filing ___ Telephone/Reception ___ Data Entry

What foreign languages do you speak? _____

PLEASE CHECK THE DAYS AND TIMES YOU WOULD BE AVAILABLE TO WORK:

(NOT ALL SHIFTS ARE AVAILABLE IN ALL LOCATIONS)

Monday (AM) (PM), Tuesday (AM) (PM), Wednesday (AM) (PM), Thursday (AM) (PM)

Friday (AM) (PM), Saturday (AM) (PM), Sunday (AM) (PM)

Have you ever been convicted of a crime? (do not include any misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.) **YES** **NO** if yes, please explain.

VOLUNTEER OPPORTUNITIES please check areas of interest not all programs are available:

- Administrative Support Filing Mailings Data Entry
- A.T.S. (HIV testing) Reception Pre/post Test Counseling (requires certification)
- Care Team (Practical and emotional peer support)
- Case Management Filing
- Condom Club
- Food Depot
- Reception (Front Desk and Health Center)
- Resource Development
- Special Events Desert AIDS Walk Steve Chase Awards Gala
- Dining Out For Life other
- Revivals Resale Mart (various locations) Revivals Dispatch (Sun Center)
- Wellness Program Stitch in Time (Clients only)
- Quilting with Helen Reflexology/Massage Other (Specify)

As a Desert AIDS Project volunteer:

- 1) I will attend volunteer meetings as scheduled.**
- 2) I am not eligible for employee benefits including Worker's Compensation Insurance**
- 3) I may not work in or operate a resale business while volunteering at Revivals.**
- 4) I will follow the procedures and guidelines set forth in the program.**
- 5) I am aware that the services of any volunteer may be refused or terminated by the Desert AIDS Project at will, and shall be terminated when deemed in the best interest of the Project to do so.**

I have read and I understand the foregoing Volunteer application.

Signature

Date

Witness