



**THE WATANABE VOLUNTEER CENTER
CONFIDENTIAL VOLUNTEER APPLICATION**

NOTE: Attendance at a Volunteer Open House is required of all potential volunteers, and is held every Wednesday at 10:30 AM and 6:30 PM. Please bring this completed application with you to the Open House. Contact Anthony Shimek at 212-367-1011 or anthony@gmhc.org with any questions.

PLEASE PRINT LEGIBLY

Date		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>	
Name			
Address			
City, State		ZIP Code	
First Phone ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Best time to call	
Second Phone ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Best time to call	
Third Phone ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Best time to call	
May we send mail to the above address?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we leave a message at any/all of the above phone numbers?		<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify	
E-mail Address		May we send you an email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>By checking 'yes' you will automatically be added to a database that will send you e-mail messages regarding issues of importance to the GMHC volunteer community. These messages will have GMHC.ORG as the "sender" in the address. If you don't want to receive e-mail that will link you directly to GMHC, or if you are concerned about GMHC appearing in your e-mail history log at work, please check 'no.'</i>			
Date of birth and ethnicity (for demographic purposes only)			
Have you ever volunteered with GMHC before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What did you do and when?			
Are you a client of GMHC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Briefly describe in the fields below any other previous volunteer work:			
Date(s):	Where?	What did you do?	
Occupation		Employment status: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Retired <input type="checkbox"/> Not Working	
Employer			
Does your employer offer volunteer incentives or have a gift match program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Briefly describe your previous paid work experience, if any			
Education level completed			
Licenses, certification or degrees (if any)			

For office use only:

Open House:	RSVP:
Interview:	Additional:
Orientation:	Assignment:
PSVT/PCVT:	Start Date:

What brought you to volunteer at GMHC?

Which boroughs are you able to volunteer in?

When are you available to volunteer (days, evenings, weekends, etc.)?

Which of the current openings are you interested in at GMHC (see Volunteer Opportunities List)?

Is there anything special you need or expect from your work at GMHC?

Have you recently experienced a major life change (work, relationship, death of a loved one, etc.)?

Are there any limitations or commitments that would restrict your work at, or prevent you from making a commitment to GMHC?

How did you hear about GMHC?

In case of emergency, contact	Relationship
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Phone ()

Other than English, what languages do you speak? (Include ASL skills.)

	<input type="checkbox"/> Native Speaker	<input type="checkbox"/> 2nd Language	<input type="checkbox"/> Translator	<input type="checkbox"/> Teacher	<input type="checkbox"/> Interpreter
	<input type="checkbox"/> Native Speaker	<input type="checkbox"/> 2nd Language	<input type="checkbox"/> Translator	<input type="checkbox"/> Teacher	<input type="checkbox"/> Interpreter
	<input type="checkbox"/> Native Speaker	<input type="checkbox"/> 2nd Language	<input type="checkbox"/> Translator	<input type="checkbox"/> Teacher	<input type="checkbox"/> Interpreter

Please check those areas in which you possess skills and/or experience.

GENERAL	TRAINING
<input type="checkbox"/> Listen well	<input type="checkbox"/> Curriculum development
<input type="checkbox"/> Speak clearly	<input type="checkbox"/> Experienced trainer
<input type="checkbox"/> Write effectively	<i>DIRECT SERVICE-CLIENT PROGRAMS</i>
<input type="checkbox"/> Possess knowledge of HIV/AIDS	<input type="checkbox"/> Fine arts
<input type="checkbox"/> Public speaking	<input type="checkbox"/> Haircutting (licensed)
<input type="checkbox"/> Good phone skills	<input type="checkbox"/> Massage (licensed)
<i>COMMUNICATIONS/PUBLIC RELATIONS</i>	<input type="checkbox"/> Recreation therapy
<input type="checkbox"/> Copy writing	<input type="checkbox"/> Theater arts
<input type="checkbox"/> Publishing	<input type="checkbox"/> Arts and crafts
<input type="checkbox"/> Commercial art/graphic design	<input type="checkbox"/> Party entertainment
<input type="checkbox"/> Journalism	<i>FOOD SERVICE</i>
<input type="checkbox"/> Market research	<input type="checkbox"/> Dietetics/nutrition
<input type="checkbox"/> Photography	<input type="checkbox"/> Food preparation and management
<input type="checkbox"/> Other:	<i>ADVOCACY/POLICY</i>
<i>TECHNICAL SKILLS</i>	<input type="checkbox"/> Community organizing
<input type="checkbox"/> Word processing (desktop)	<input type="checkbox"/> Government (federal, state, or local)
<input type="checkbox"/> Type words per minute	<input type="checkbox"/> Hospital/patient advocacy
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Law
<input type="checkbox"/> Presentation software	<input type="checkbox"/> Public health
<input type="checkbox"/> Web design	<i>MEDICAL/SCIENTIFIC</i>
<input type="checkbox"/> Computer programming	<input type="checkbox"/> Licensed health care professional (MD,RN,NP, PA, LPN)
<i>COUNSELING SKILLS</i>	<input type="checkbox"/> Medical research
<input type="checkbox"/> Licensed therapist	<input type="checkbox"/> Chiropractic care
<input type="checkbox"/> Substance abuse counselor	<input type="checkbox"/> Scientific/technical writing
<input type="checkbox"/> 12-step recovery (AA, NA, OA, SCA, etc.)	<i>Other skills and/or experience you possess:</i>
<input type="checkbox"/> Peer educator	



PLEDGE OF CONFIDENTIALITY

I, *(please print)*, _____ am volunteering my time to work for Gay Men's Health Crisis (GMHC). I understand that in the course of my work for GMHC, I may learn certain facts about individuals being served by GMHC that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members, and the like. I understand that all such information must be treated as completely confidential. I understand that all HIV-related information is protected under the New York State confidentiality law and I agree to abide by the provisions of that law. I may also learn facts about an individual's alcohol and drug history, and in accordance with federal law this information must be kept confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with GMHC and authorized by GMHC to have such information.

I further agree to keep confidential all information I may learn about GMHC volunteers, paid staff, or individuals who make donations to GMHC.

Signature

Date