



END AIDS. LIVE LIFE.

# Volunteer Application

**INSTRUCTIONS:**

Complete the Volunteer Application and Pledge of Confidentiality and bring to the Volunteer Orientation.

Contact [ShelleyL@gmhc.org](mailto:ShelleyL@gmhc.org) or 212-367-1327 with any questions.

Please print legibly.

**DATE:**

APPLICANT INFORMATION									
Last Name			First			M.I.			
Street Address						Apartment/Unit #			
City				State		ZIP			
Home Phone			Cell Phone			E-mail			
Sex Assigned at Birth*		Female <input type="checkbox"/>		Male <input type="checkbox"/>		Intersex <input type="checkbox"/>		Date of Birth (must be 18 years of age or older):	
Gender Identity*		Female <input type="checkbox"/>		Male <input type="checkbox"/>		Transfeminine <input type="checkbox"/>		Transmasculine <input type="checkbox"/>	
		Genderqueer <input type="checkbox"/>		Other:					
<b>*Optional – for demographics only.</b>									
Preferred Gender Pronouns		She/Her <input type="checkbox"/>		He/Him <input type="checkbox"/>		They/Them <input type="checkbox"/>		Other:	
Are you a GMHC Client?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Education</b> – write in area of study, if applicable:									
<input type="checkbox"/> HS Diploma/GED _____		<input type="checkbox"/> Associate’s Degree: _____			<input type="checkbox"/> Bachelor’s Degree: _____				
<input type="checkbox"/> Master’s Degree: _____			<input type="checkbox"/> Doctorate Degree: _____						
<input type="checkbox"/> Trade/Technical/Vocational Training _____				<input type="checkbox"/> Certifications/Licenses _____					
<input type="checkbox"/> Other: _____									
<b>Availability*</b> – specify the day(s) and time(s):									
<input type="checkbox"/> Monday _____		<input type="checkbox"/> Tuesday _____		<input type="checkbox"/> Wednesday _____		<input type="checkbox"/> Thursday _____		<input type="checkbox"/> Friday _____	
<b>*Please note that the majority of volunteer opportunities lie within regular business hours of Monday-Friday 9:00am-6:00pm.</b>									
VOLUNTEER EXPERIENCE									
List and briefly describe current/previous volunteer experience, including GMHC volunteer experience.									
Date(s):		Position:			Tasks:				
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Date(s):		Position:			Tasks:				
WORK EXPERIENCE									
Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed									
List and briefly describe current/previous work experience.									
Date(s):		Position:			Tasks:				

Date(s):	Position:	Tasks:
Date(s):	Position:	Tasks:

Through volunteer grant or match programs, companies provide monetary grants to organizations where employees volunteer on a regular basis. Does your employer participate in these types of programs?  Yes  No

**ADDITIONAL INFORMATION**

How did you hear about GMHC?			
Area(s) of Interest (check all that apply) Please note this is not an exhaustive list of opportunities.	<input type="checkbox"/> Advocacy/Policy (community organizing, government policy, immigration issues, housing, benefits) <input type="checkbox"/> Direct Client Services <input type="checkbox"/> Food Preparation/Nutrition <input type="checkbox"/> Communications/Public Relations (Social Media, Fundraising) <input type="checkbox"/> Administrative Work (Data Entry, Filing) <input type="checkbox"/> Wellness (Art Classes, Yoga, Massage Therapist) <input type="checkbox"/> Other:		
Computer/Technology Skills			
Please list any additional skills, including languages.			
Emergency Contact	Name:	Relationship:	Phone Number:

**SIGNATURE**

Signature:	Date:
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(handwritten signature required)

**FOR OFFICE USE ONLY – THIS WILL BE COMPLETED AT YOUR INTERVIEW.**

What interests you about volunteering at GMHC?	
What volunteer opportunities are you interested in?	
What kind of skills do you have to offer?	
What are you looking to gain from volunteering at GMHC?	
Do you foresee any changes in your schedule in the next 6 months?	
What is your experience, if any, of working with the LGBTQ and/or HIV/AIDS community?	
Working in a new community/environment can be challenging. How do you handle challenges/stress?	
Additional Notes	



## **Pledge of Confidentiality**

In volunteering my time for Gay Men’s Health Crisis (GMHC), I understand that in the course of my service 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 (Article 27-f) 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 (HIPAA) 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/or 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.

*Print* \_\_\_\_\_

*Signature* \_\_\_\_\_  
(handwritten signature required)

*Date* \_\_\_\_\_