



END AIDS. LIVE LIFE.

Volunteer Application

INSTRUCTIONS:

Complete the Volunteer Application and bring it to the Volunteer Orientation. **Please print legibly.**

| APPLICANT INFORMATION | | | | | | | | | |
|--|--|--|---------------------------------|--|---|---|--------|------------------------|--|
| Last Name | | | First Name | | | | 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: | | |
| *Optional – for demographics only. | | | | | | | | | |
| 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 | | | | | | |
| Education – 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"/> Certifications/Licenses: _____ | | | | |
| <input type="checkbox"/> Trade/Technical/Vocational Training: _____ | | | | <input type="checkbox"/> Other: _____ | | | | | |
| Availability* – CHECK ALL THAT APPLY | | | | | | | | | |
| Monday AM ____ PM ____ | | Tuesday AM ____ PM ____ | | Wednesday AM ____ PM ____ | | Thursday AM ____ PM ____ | | Friday AM ____ PM ____ | |
| *Please note that most volunteer opportunities lie within regular business hours of Monday-Friday 9:00am-6:00pm. | | | | | | | | | |
| VOLUNTEER EXPERIENCE | | | | | | | | | |
| Date(s): | | Organization/Position: | | | | Tasks: | | | |
| Date(s): | | Organization/Position: | | | | Tasks: | | | |
| WORK EXPERIENCE | | | | | | | | | |
| Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed | | | | | | | | | |
| Date(s): | | Organization/Position: | | | | Tasks: | | | |
| Date(s): | | Organization/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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| How did you hear about GMHC? | | | | | | | | | |

CHECK ALL THAT APPLY

| Interests | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Acting Class Instructor |
| <input type="checkbox"/> | Acupuncturist |
| <input type="checkbox"/> | Administrative Assistant |
| <input type="checkbox"/> | Advocacy |
| <input type="checkbox"/> | Art Class Instructor |
| <input type="checkbox"/> | Buddy |
| <input type="checkbox"/> | Client Services |
| <input type="checkbox"/> | Creative Writing Class Instructor |
| <input type="checkbox"/> | Dance Class Instructor |
| <input type="checkbox"/> | Data Entry |
| <input type="checkbox"/> | Exercise Class Instructor |
| <input type="checkbox"/> | Financial Advisor |
| <input type="checkbox"/> | Food Pantry Distribution |
| <input type="checkbox"/> | Front Desk Receptionist |
| <input type="checkbox"/> | Grant Writing |
| <input type="checkbox"/> | Haircutter |
| <input type="checkbox"/> | Hotline Counselor |
| <input type="checkbox"/> | Massage Therapist |
| <input type="checkbox"/> | Meal Service |
| <input type="checkbox"/> | Meditation Class Instructor |
| <input type="checkbox"/> | Organizational Projects |
| <input type="checkbox"/> | Outreach |
| <input type="checkbox"/> | Pilates Class Instructor |
| <input type="checkbox"/> | Qi-Gong Class Instructor |
| <input type="checkbox"/> | Reflexology Therapist |
| <input type="checkbox"/> | Reiki Practitioner |
| <input type="checkbox"/> | Shiatsu Therapist |
| <input type="checkbox"/> | Testing Center Counselor |
| <input type="checkbox"/> | Yoga Class Instructor |
| Other Interest(s): | |

| Skills | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Acting |
| <input type="checkbox"/> | Acupuncture |
| <input type="checkbox"/> | Advocacy |
| <input type="checkbox"/> | Artistic |
| <input type="checkbox"/> | Creative Writing |
| <input type="checkbox"/> | Dancing |
| <input type="checkbox"/> | Data Entry |
| <input type="checkbox"/> | Detail-Oriented |
| <input type="checkbox"/> | Event Planning |
| <input type="checkbox"/> | Excel (Microsoft) |
| <input type="checkbox"/> | Exercise Instruction |
| <input type="checkbox"/> | Food Prep |
| <input type="checkbox"/> | Fundraising |
| <input type="checkbox"/> | Grant Writing |
| <input type="checkbox"/> | Haircutting |
| <input type="checkbox"/> | Marketing |
| <input type="checkbox"/> | Massage |
| <input type="checkbox"/> | Money Management |
| <input type="checkbox"/> | Nutrition |
| <input type="checkbox"/> | Organized |
| <input type="checkbox"/> | People Person |
| <input type="checkbox"/> | Pilates |
| <input type="checkbox"/> | Policy |
| <input type="checkbox"/> | PowerPoint |
| <input type="checkbox"/> | Qi-Gong |
| <input type="checkbox"/> | Reflexology |
| <input type="checkbox"/> | Reiki |
| <input type="checkbox"/> | Shiatsu |
| <input type="checkbox"/> | Singing |
| <input type="checkbox"/> | Social Media |
| <input type="checkbox"/> | Word (Microsoft) |
| <input type="checkbox"/> | Yoga |
| <input type="checkbox"/> | Speak Spanish |
| <input type="checkbox"/> | Speak Russian |
| <input type="checkbox"/> | Speak French |
| <input type="checkbox"/> | American Sign Language |
| Other Language(s): | |
| Other Skill(s): | |

GMHC 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.

| SIGNATURE | |
|----------------------------------|-------|
| Signature: | Date: |
| (handwritten signature required) | |

| EMERGENCY CONTACT | | |
|-------------------|---------------|---------------|
| Name: | Relationship: | Phone Number: |

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? | |
| Additional Notes | |

Questions?

Contact Shelley Levine at ShelleyL@gmhc.org or 212-367-1327