



913 W. Holmes Rd, Suite 115
Lansing, MI 48910

Phone: 517-397-3719
Fax: 517-394-1298

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Birthdate: _____ Are you seeking volunteer hours for a work or school program? YES NO

Volunteer position(s) Interested In: _____

Are you currently in school? YES NO School Hours: _____

Are you currently employed? YES NO Work Hours : _____

Have you ever been convicted of a misdemeanor or charged with a felony? YES NO

If yes, explain: _____

Questions

Why do you want to volunteer with LAAN? _____

What do you wish to achieve in your volunteer experience? _____

What skills do you have that you would like to share with LAAN? _____

Describe your feelings about the AIDS epidemic and its effects on you _____

Are you able to commit to at least six months of service? YES NO

Do you have any experience working with the HIV/AIDS community? YES NO



Do you consider yourself knowledgeable about the following topics:

HIV / AIDS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Risk Behaviors	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Safer Sex Practices	YES <input type="checkbox"/>	NO <input type="checkbox"/>

What is your availability for volunteer shifts?

Monday	MORNING <input type="checkbox"/>	AFTERNOON <input type="checkbox"/>	UNAVAILABLE <input type="checkbox"/>
Tuesday	MORNING <input type="checkbox"/>	AFTERNOON <input type="checkbox"/>	UNAVAILABLE <input type="checkbox"/>
Wednesday	MORNING <input type="checkbox"/>	AFTERNOON <input type="checkbox"/>	UNAVAILABLE <input type="checkbox"/>
Thursday	MORNING <input type="checkbox"/>	AFTERNOON <input type="checkbox"/>	UNAVAILABLE <input type="checkbox"/>
Friday	MORNING <input type="checkbox"/>	AFTERNOON <input type="checkbox"/>	UNAVAILABLE <input type="checkbox"/>
Special Events (Weekends)	MORNING <input type="checkbox"/>	AFTERNOON <input type="checkbox"/>	UNAVAILABLE <input type="checkbox"/>

What is the frequency you are available to volunteer?

WEEKLY <input type="checkbox"/>	BIWEEKLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>
OTHER:	_____	

Volunteer Experience

Organization _____ Phone: _____
 Address: _____ Supervisor: _____
 Responsibilities: _____
 From: _____ To: _____

Organization _____ Phone: _____
 Address: _____ Supervisor: _____
 Responsibilities: _____
 From: _____ To: _____

Organization _____ Phone: _____
 Address: _____ Supervisor: _____
 Responsibilities: _____
 From: _____ To: _____

