

Volunteer Application Northern  
Colorado AIDS Project

Please print, and fill out all information. Use another sheet for extra space if needed. Please fax to: (970) 484-4497

or

email

to: [danielle@ncaids.org](mailto:danielle@ncaids.org)

or

turn in at 400 Remington St., Fort Collins.

The volunteer coordinator will contact you. Thank you!

**\* Contact Information \***

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_ Date of Birth (optional): \_\_\_\_\_

How do you define your gender? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Besides English, what languages do you speak/write? \_\_\_\_\_

Are you a student? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If yes, list convictions: \_\_\_\_\_

Are you part of a service learning project or completing community service

hours? Yes \_\_\_ No \_\_\_ If yes, how many hours do you need to

complete? \_\_\_\_\_ By what date? \_\_\_\_\_ Contact name & number of your

case manager/Professor : \_\_\_\_\_

**\* Your Volunteer Experience \***

(Please use back of sheet for details if needed)

Have you applied or volunteered at NCAP in the past? Yes \_\_\_ No \_\_\_

Our office is open from 9 to 5 Monday through Friday. We occasionally need  
volunteers for evenings and weekends.

When are you available: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

How has HIV/AIDS affected your life? \_\_\_\_\_

Why did you choose NCAP? \_\_\_\_\_

What are you interested in doing?

- Front desk/receptionist *(includes answering phones, general office tasks & some cleaning)*
- Transportation *(using an NCAP provided vehicle to drive clients to/from doctor's appointments)*
- Food Bank *(includes stocking & organizing NCAP's food bank)*
- Prevention and testing *(requires additional training and a year long commitment; includes helping with HIV testing, client assistance & education)*
- Fundraising *(includes helping with fundraising events, usually in evenings and weekends; sign-up through e-mail – no set hours)*

**\* Knowledge and Comfort \***

On a scale of 1 to 10 (1= very low, 10 = very high) how would you rate yourself on the following?

- My **knowledge** of HIV/AIDS
- My **comfort level** in regard to gay, lesbian, bisexual, transgender issues
- My **comfort level** in regard to topics of sexuality, safer sex, and sexual practices
- My **comfort level** in regard to drugs, drug use and needle practices

I would be uncomfortable in the following situations: \_\_\_\_\_  
\_\_\_\_\_

**\* References \***

Please provide at least one character reference (**not a family member**):

**(1)** \_\_\_\_\_  
*Name Relationship to you*

\_\_\_\_\_

Phone Number

**(2)** \_\_\_\_\_  
*Name Relationship to you*

\_\_\_\_\_

Phone Number

\*

Thank you for filling out this application! After your application is reviewed, a small interview is required, in addition to completing NCAP's HIV 101 educational class. NCAP does not discriminate on the basis of age, race, ethnicity, national origin, religion, ability, HIV status, gender identity or sexual orientation.

Questions? Call the Volunteer Coordinator at (970) 484-4469.