



AARC Volunteer Application

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability		
During which hours are you available for volunteer assignments?		
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	

Interests	
Tell us in which areas you are interested in volunteering	
<input type="checkbox"/> Administration	
<input type="checkbox"/> Events	
<input type="checkbox"/> Field work	
<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Deliveries	
<input type="checkbox"/> Phone bank	
<input type="checkbox"/> Newsletter production	
<input type="checkbox"/> Jennifer's Camp	

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

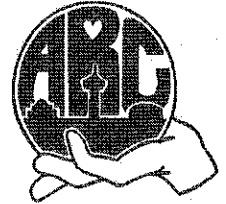
Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Authorization for Release of Information



Authorization for Release of Information

I hereby authorize any investigator or duly accredited representative of the Alamo Area Resource Center bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, Texas Department of Public Safety, or individuals, relating to my activities. **I understand that to obtain such information, it may be necessary to provide confidential information such as my social security number, driver's license and date of birth.**

This information may include, but is not limited to, academic, residential, achievement, performance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Alamo Area Resource Center and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

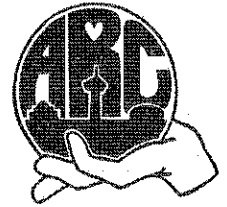
Social Security Number	
Driver's License Number	
Date of Birth	

Agreement and Signature *(Please read carefully)*

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply with this authorization.

Name (printed)	
Signature	
Date	
Witness Name (printed)	
Witness Signature	
Date	

Pledge of Confidentiality



Pledge of Confidentiality

I understand that I will learn information about the people who are HIV positive, their friends and families, as well as about the staff and volunteers of the Alamo Area Resource Center (AARC) in the course of my work as a volunteer. This information is to be held in the strictest confidence and is NOT to be discussed outside of AARC, nor with anyone except the staff of AARC. I therefore pledge to keep the aforementioned information confidential as a condition of volunteering and I realize that breach of this pledge is grounds for termination from the Alamo Area Resource Center. I understand that revealing a person's HIV status without their written consent is a violation of Section 81.101 of the Health and Safety Code of the Acts of the State of Texas, 1898 and is subject to both criminal and civil penalties.

Name (printed)	
Signature	
Date	
AARC Staff Name (printed)	
AARC Staff Signature	
Date	