

## Volunteer Application

**Thank you for your interest in volunteering at the UAB 1917 Clinic / Center For AIDS Research.**

Please complete this application and return to the address below:

University of Alabama at Birmingham ♦ Community Care Building 188

908 20th Street South ♦ Birmingham, AL 35294-2050

Attention: Kelly Ross-Davis, Education Director

Volunteer Services: 205-975-9126 ♦ Fax: 205-975-6448,

E-mail: [KRD@uab.edu](mailto:KRD@uab.edu) ♦ Web Site: [www.1917clinic.org](http://www.1917clinic.org)

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

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This application is intended to give us an understanding of your background and experience. Volunteers will not be turned away due to lack of experience – we just want to know more about you!

### Educational History

Type of School	Name	City, State	Dates Attended	Diploma/Degree
High School				
Vocational or Technical				
College or University				
Graduate School				
Other				

### Employment History (approximate dates are fine)

Employer	City, State	Dates	Position

### Volunteer History (approximate dates are fine)

Organization	City, State	Dates	Position/Duties

**Skills and Interests**

Please list three things you do well or enjoy doing. (Examples: good listener, computer skills, organizational skills, answering the phone, talking with people, presentations)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please explain why you want to be a volunteer at the 1917 Clinic or the Center For AIDS Research?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What days and times could you be available? (Please check all that apply. 1917 Clinic is open 8-5, M-F.)

Day/Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evening							

If you are accepted as a member of the volunteer team, are you able to make an initial commitment of at least six months, four hours per week? (for in clinic volunteers only) \_\_\_\_ Yes \_\_\_\_ No

If no, how much time could you commit? \_\_\_\_\_

What opportunities are you interested in: (check all that apply)

\_\_\_\_ Clinic Host \_\_\_\_ Dental Clinic Office Asst \_\_\_\_ Social Services \_\_\_\_ PAB \_\_\_\_ SHAPE  
 \_\_\_\_ Research Office Assistant \_\_\_\_ Volunteer Office \_\_\_\_ OraQuick Volunteers \_\_\_\_ Other: \_\_\_\_\_

Have you ever been convicted of a crime: (felony or misdemeanor) \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

**References** - Please list 2 personal or professional references that we may contact.

Name of Reference	E-mail / Phone	Relationship

Signature certifying all information is correct and granting permission to verify answers. \_\_\_\_\_ Date \_\_\_\_\_

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 Date received: \_\_\_\_\_ Start date: \_\_\_\_\_  
 Interview date: \_\_\_\_\_ Position: \_\_\_\_\_