

Volunteer Application
Spokane AIDS Network
905 S. Monroe
Spokane, WA 99204
Voice (509) 455.8993 FAX (509) 455.9743

Name: _____ **Date:** _____

Address _____
(Street) (City) (Zip code)

Email Address _____

Daytime Phone: _____ **Evening Phone:** _____

Occupation: _____ **Employment Status:** _____

Employer: _____ **Work Schedule:** _____

Education: _____

Please describe your career experience: _____

What types of volunteer work have you done in the past? _____

Please provide a list of references we may contact:

	(Organization)	(Contact Person)	(Mailing Address)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Within the past seven years have you been convicted of a felony or released from prison as a result of felony conviction? Yes No

Please list the day and times you are available to volunteer.

(Note: You may be called with no advanced warning, so please list only those times you are willing to volunteer!)

Maximum hours per week: _____ **Per Month:** _____

