



AIDS Walk Long Beach Event Volunteer Application

Contact Information (please print legibly)	
Name	
Street Address	
City, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability (Please indicate your availability during which days you are available for volunteer assignments)		
_____ Sunday	_____ Wednesday	_____ Saturday
_____ Monday	_____ Thursday	
_____ Tuesday	_____ Friday	_____ Holidays

Interests (Tell us in which areas you are interested in volunteering)		
<p>Note: Positions list in bold requires at least one training day in advance of the event. Position with an ' * ' are needed weeks and months in advance of the event. See web site for training dates and needs.</p> <p>AIDS Walk Positions</p> <p>___ First AID Station</p> <p>___ Event Set-up</p> <p>___ Event Registration</p> <p>___ Fundraising Support*</p> <p>___ Deliveries</p> <p>___ Phone bank*</p> <p>___ Décor Set-up</p> <p>___ Vol. coordination*</p> <p>___ Participant Incentives</p> <p>___ Water Station</p> <p>___ Event Safety</p> <p>___ Team Center</p> <p>___ Walk Station Delivery</p> <p>___ Event Data Entry</p> <p>___ 5K/10K Run Assist</p> <p>___ Pet Walk</p> <p>___ Event Committee*</p>	<p>Leadership Positions</p> <p>___ Marketing</p> <p>___ Press/Pub. Relations</p> <p>___ Event Chair/Lead</p> <p>___ Community outreach</p> <p>___ Corp Teams outreach</p> <p>___ Event décor coord.</p> <p>___ Auction coordinator</p> <p>___ Donor relations</p>	<p>Year Round Committee</p> <p>Volunteer Positions</p> <p>(Requires 9 month commitment)</p> <p>___ Casino Night</p> <p>___ AIDS Walk Long Beach</p> <p>___ Youth Initiatives</p> <p>___ Fundraising Events</p> <p>___ World AIDS Day</p> <p>___ Project: Red Paint</p> <p>___ AIDS Life Emerg. Fund</p> <p>___ Community Outreach</p> <p>___ Board of Director (2 yrs)</p>

Previous Volunteer Experience (Names of other organizations you have volunteered for and job/position)	
Organization Name:	Job/Position:

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.

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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. Once we have placed you in a volunteer job capacity you will be requested to complete a "Confidentiality Agreement" and a "Conflict of Interest Policy Agreement".

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	

Visit our web site: www.aidswalklb.org for more volunteer opportunities