



P.O. Box 77975 * Stockton, CA * 95267

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?

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Registration
- Event set up/tear down
- Walk/Safety monitor
- Fundraising/Donations
- Deliveries
- Health Fairs
- Newsletter/Website/Publicity
- Entertainment
- Board Member

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.

T-shirt size

Small	Medium	Large	XL	XXL	XXXL

Person to Notify in Case of Emergency

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

Release Statement and Agreement Signature

(must be signed by parent or guardian for persons <18 yrs.)

I hereby, for myself, my heirs and administrators assume any risks which might be associated with the AIDS Walk San Joaquin (AWSJ) AIDS Walk 2011. I waive and release any and all rights and claims for damages, which I may have against the organizers and all others connected with this event, their representatives, successors and assignees for any and all injuries or damages of any kind whatsoever suffered by me as a result of taking part in the walk, and any related activities. I hereby give permission for any images captured of me during the AWSJ AIDS Walk 2011 to be used solely for the purposes of AWSJ AIDS Walk promotional materials and publications, and waive any rights of compensation or ownership thereto.

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 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.

Please send application to above address or fax to 209-476-8142