

NANTUCKET AIDS NETWORK
Volunteer Application

Name: _____

Address: _____

Phone – Day: _____ Evening: _____

Cell Phone: _____ E-Mail: _____

Referred by: _____

Currently Employed? Yes No

Current Occupation: _____

Special Skills and Interests: _____

Availability: Mornings Afternoons Evenings Weekends

Times that work best for you: _____

Past Volunteer Experience: _____

Local Reference: _____

Business Reference: _____

Areas I am most interested in volunteering:

- | | |
|--|--------------------------|
| Office Assistance | Computer Projects |
| Buddy Program (working with the clients) | Chaperoning Youth Events |
| Carpentry and Landscaping | Education/Outreach |
| Annual Gala Committee | Media & Fundraising |

Volunteer Signature _____ Date _____