



POSITIVE CONNECTIONS

1001 SW Garfield
Ave, Suite 4
Topeka, KS 66604

(785) 232-3100 office
(785) 232-3186 fax
vista@pcneks.org

Dear Volunteer Applicant,

Thank you for your interest in volunteering for Positive Connections. Enclosed is a volunteer application and two (2) references forms. Complete the application and deliver or mail it to our office. Please give the reference forms to your references, and ask them to complete them and return it to our office. As soon as all of the forms are completed and returned to the office, we will set up an interview with you. Please contact us if you have any questions at 232-3100 or by email vista@pcneks.org

We at Positive Connections really appreciate your commitment to our agency and the clients we serve. Volunteering helps make our services possible and greatly affects the lives of those we serve. Your support makes a difference!

Sincerely,

Bani Singh
Volunteer Coordinator/ Americorps VISTA

Positive Connections + Volunteer Application

Welcome to the Positive Connections Volunteer Program

All new volunteers are required to complete a Volunteer Application and attend Volunteer Orientation. The minimum age to volunteer is 18. Please print clearly.

Last Name: _____ MI: _____ First Name: _____ Date of Birth: _____
Mailing Address: _____ City: _____ ST.: _____ Zip: _____
Phone (home): _____ Phone (cell): _____ Phone (work): _____
Employer: _____ Position: _____
Email: _____

Your email address is important for communication/announcements – your email will not be spammed nor shared.

Preferred contact method: Home Phone Cell Phone Email

Do you wish to have your email placed on the Agency's email "Event" list? Yes No
(The event list is a global email (BCC) notifying of special events, etc.)

Why do you want to volunteer at Positive Connections?: _____

Previous volunteer experience: _____

Special skills/qualifications: _____

Have you ever been convicted of a felony? Yes No If Yes, please explain: _____

AVAILABILITY

Please indicate the days and hours you are available to volunteer: _____

Please select assignments you are interested in volunteering for:

Events/Fundraising Support Groups Community Outreach Office Buddy Program
 Client Transportation IT/Networking Other (please explain): _____

References: List two persons who have knowledge of your qualifications.

(Please give the enclosed reference letters to the two (2) references indicated below):

1. Last Name: _____ First Name: _____ Phone: _____
Mailing Address: _____ City: _____ ST. _____ Zip: _____
Email: _____

2. Last Name: _____ First Name: _____ Phone: _____
Mailing Address: _____ City: _____ ST. _____ Zip: _____
Email: _____

As a volunteer that is 18 years or older, I hereby understand and agree to the following:

Please read carefully. Selecting a box indicates agreement.

- I have received the Positive Connections Volunteer Reference Forms. Reference forms must be returned to Positive Connections before an interview will be scheduled.
- I understand attending orientation, training, volunteer meetings and reliability are key to undertaking a volunteer position with Positive Connections.
- Failure to complete an assignment or contact the Volunteer Coordinator three (3) consecutive times will result in termination of the volunteer's services.
- I understand that accepting a volunteer position, I am committing myself to act in compliance with all Positive Connections policies and processes.
- I understand all information in relation to Positive Connections consumers or other volunteers is confidential. If any information is shared with anyone outside the Positive Connections, I will be dismissed from the Volunteer Program immediately.

I agree to WAIVE and RELEASE Positive Connections from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage, loss or injury to person and property, which has been or may be sustained as a direct or indirect consequence of volunteering at or for Positive Connections and notwithstanding such damage, death, illness, loss or injury may have been caused partly by the negligence of Positive Connections.

I agree to INDEMNIFY and Hold Harmless Positive Connections for any costs or liabilities which may incur as a result of my volunteering at or for Positive Connections.

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. I acknowledge and agree that I have carefully read this Agreement, I fully understand the same, and I freely and voluntarily execute the same. I understand I may seek independent advice prior to signing this agreement. I understand this Agreement has important legal consequences. The terms of this Agreement are contractual and not mere recitals. This Agreement will be construed in accordance with and governed by the laws of the State of Kansas.

Emergency Contact: _____ Phone: _____

Volunteer Name (Please Print)

Volunteer Signature

Date:

This individual listed below has given your name as a reference in his/her application to serve as a volunteer for Positive Connections. As a volunteer, he/she may be working in direct client care. Please complete the accompanying form and return it to Positive Connections as soon as possible so the individual may be considered for volunteer services. If you have any questions, feel free to call the office at (785) 232-3100.

Please complete all of the answers to the best of your knowledge. Your answers will remain confidential and help determine the suitability of the volunteer in working with people who are living with HIV/AIDS.

This Section To Be Completed by Applicant

Dear _____
Reference Name Reference Telephone

Please complete this reference form and return it to the Volunteer Coordinator at Positive Connections, 1001 SW Garfield Ave, 3rd Floor, Topeka, KS 66604

Applicant's Signature Date

This Section To Be Completed by Reference

1. In what capacity do you know the applicant, i.e., co-worker, supervisor, etc. _____
2. How long have you known the applicant? _____ years _____ months
3. How well does the applicant get along with others?
 Excellent Good Fair Poor
4. Does the applicant function better as a team member or independently?
 Team Member Independently Both
5. Select the most appropriate answer below, which describes the applicant's abilities in general?
 Excellent Good Fair Poor
6. What are the applicant's strongest assets? _____
7. What areas do you feel the applicant needs improvement? _____
8. Select the best possible answer to describe the applicant's ability to be flexible.
 Excellent Good Fair Poor
9. Describe applicant's timeliness and dependability. _____
10. Please comment on the applicant's ability to work in stressful situations. _____
11. How well is the applicant capable of handling issues dealing with death and dying?
 Excellent Good Fair Poor
12. Would the applicant be a better fit in an environment such as an office, event and fundraiser or working directly with an HIV/AIDS positive person? (please explain): _____
13. Do you have any reservations recommending the applicant working with individuals from different walks- of-life, income levels, sexual orientation and ethnic minorities? If yes please explain: _____

14. Do you feel the applicant is capable of making a six-month to one-year commitment as a volunteer to our agency? _____

15. Please provide any other helpful information regarding the applicant. _____

Reference Name (Please Print)

Reference Signature

Date

*Thank you for taking the time to complete and return this form.
Your participation will help in the care of those with HIV/AIDS.*

Please mail to:

Volunteer Coordinator
Positive Connections, Inc.
1001 SW Garfield Ave, Suite 4
Topeka, Kansas 66604

Office Use Only Date form returned: ____/____/____
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