

**AIDS Resource Center Ohio**  
**The Ohio HIV/STD Hotline**  
 4400 North High Street Suite 300  
 Columbus, OH 43214  
 (614) 299-2437  
 (614) 291-7162 FAX  
[www.arcoho.org](http://www.arcoho.org)

## Volunteer Application

*Please type or print clearly. All information will be treated confidentially.*

### Personal Information

\_\_\_\_\_  
 Last Name First Name MI

\_\_\_\_\_  
 Current Address

\_\_\_\_\_  
 City State Zip County

\_\_\_\_\_  
 Permanent Address (optional)

\_\_\_\_\_  
 City State Zip County

\_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 Home Phone Business Phone Other Phone (cell, pager)  
**Phone Preference:**  Home  Business  Other **Messages ok?**  Yes  No  
**Are you employed?**  Yes  No **If yes,**  Full time  Part time  
 Retired (if retired, please list last place of employment)

\_\_\_\_\_  
 Current Employer Occupation

\_\_\_\_\_  
 Business Address City State Zip  
 Are you a student?  Yes  No **If yes,**  Full time  Part time

\_\_\_\_\_  
 Name of School Major/Course of Study

### Emergency Contact Information

\_\_\_\_\_  
 Name Relationship

\_\_\_\_\_  
 Complete Address City State Zip

\_\_\_\_\_  
 Day Phone Evening Phone

### Licenses

*(Driver's and professional licenses, where applicable)*

Type	State	Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

### Area(s) of Interest

Please check the top area(s) in which you are most interested in volunteering:

- |  |   |
|--|---|
| <input type="checkbox"/> Special Event Volunteer | <input type="checkbox"/> Speakers' Bureau       |
| <input type="checkbox"/> HIV Test Counselor      | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Outreach                | <input type="checkbox"/> Hotline Operator       |

### Volunteer Availability

**Times Available (check all that apply):**  Between days/hours of Monday and Friday, 9a-5p  Evenings  
 Weekends

Does your schedule and availability change frequently?  No  Yes,  
Reason: \_\_\_\_\_

### Criminal History

Have you ever been convicted of a felony, or within the past 24 months of a misdemeanor that resulted in imprisonment? **(a conviction will not necessarily disqualify an applicant)**  Yes  No

### References

**For both references, please select someone not related to you (spouse, in-law, immediate family, fiancé, etc).**

Reference (Personal) \_\_\_\_\_  
Name Relationship to you Phone Number

Reference (Professional/Academic/Work-Related)

\_\_\_\_\_ Name Relationship to you Phone Number

My signature denotes that, in consideration for being permitted to participate as a volunteer with the AIDS Resource Center Ohio (ARC Ohio), I hereby agree and promise that I will not hold ARC Ohio nor its employees or directors responsible for any loss, damages, or personal injuries that I may suffer as a volunteer with ARC Ohio. I also promise for myself and my estate not to file suit or initiate any claim procedure against ARC Ohio or its employees or directors in respect of any loss, damages, or personal injuries that I may sustain arising from my participation as a volunteer with ARC Ohio. I freely assume all risks, hazards, and losses that may befall me in connection with my ARC Ohio volunteer activity. I understand that my acceptance as a ARC Ohio is on a conditional basis, with ARC Ohio reserving the right to terminate the service of any volunteer whose conduct in any way reflects negatively upon ARC Ohio.

- (Optional – check if “yes”) I grant full permission to the sponsors, organizers and affiliates to use my name, photographs or any other record of participation in this volunteer service event for use in any broadcast, telecast, or any other written account of the event for publicity purposes, without compensation or remuneration.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

### If applicant is under age 18:

I give my permission for my child to participate as a volunteer with The AIDS Resource Center Ohio, and agree to the terms of placement as described above.

- (Optional – check if “yes”) I grant full permission to the sponsors, organizers and affiliates to use my child's name, photographs or any other record of participation in this volunteer service event for use in any broadcast, telecast, or any other written account of the event for publicity purposes, without compensation or remuneration.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

