



## Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone's: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact (Name and Phone) \_\_\_\_\_

Is it OK to identify LGLA when contacting you by phone or email? YES NO

Join mailing list? YES NO

How did you hear about LGLA? \_\_\_\_\_

What other organizations do you volunteer for?  
\_\_\_\_\_

Do you speak any additional languages? \_\_\_\_\_

Are you employed? If so, what is your profession? \_\_\_\_\_

How many hours per month are you able to commit? \_\_\_\_\_

What LGLA volunteer opportunities interest you?

- POZ Life Tech Team Member
- Community Outreach
- Provide transportation to participants of the weekend workshops
- Emotional Support Group Facilitator (weekly, biweekly, monthly)
- Special Events
- Office Support
- Fundraising
- Grant Writing

Other: \_\_\_\_\_



**The following questions must be answered if you wish to become an Emotional Support Group Facilitator. If you wish to volunteer for special events, tech team or office support, complete side one of the application only.**

***Please answer these questions in composition form on a separate piece of paper. Please include as much information as you would like..***

1. What made you choose LGLA as a place to volunteer?
2. What are your expectations of being a LGLA volunteer?
3. What strengths or skills do you see yourself bringing to LGLA?
4. What challenges do you anticipate in volunteering for LGLA?
5. What is your experience with life threatening illnesses, including HIV/AIDS, and what effect has this had on you?
6. How do you feel about working with people who may have serious physical limitations or an altered experience?
7. What type of client or experience do you imagine having a difficult time working with, and why?
8. How do you interact with people of differing nationalities, socio-economic levels, spiritual belief systems, gender identities, and/or sexual orientation?
9. Describe any significant life changes that you have experienced in the last three years.
10. What are your sources of emotional support?
11. How do you deal with challenging emotions or situations in your own life?
12. Is there anything else that you want us to know about you?

**Once you have completed your application, you can mail, email or fax the completed package to our office.**

*Thank you for taking the time to be thoughtful,  
and for choosing Life Group LA!*