



COMMUNITY-BASED HIV/STBBI PROGRAMS
SUPPORT. PREVENTION. EDUCATION.

Volunteer / Student Application – Volunteer Services

Personal Information

Name: Pronouns:

Address:

City: Postal Code:

Phone # Email:

Can we leave a voice message? Yes / No Best time to call:

How did you hear about PARN?

During which hours are you available to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
9:30 – 1pm	9:30 – 1pm	9:30 – 1pm	9:30 – 1pm	9:30 – 1pm	Special event
1pm – 5 pm	1pm – 5 pm	1pm – 5 pm	1pm – 5 pm	1pm – 5 pm	Special event

What are your reasons for wanting to volunteer at PARN?

Describe your comfort level working with people from marginalized communities.

Summarize your skills and qualifications you gained either through volunteer work and/or employment?

Which areas are you most interested in as a volunteer?

Support Department	Harm Reduction	Community Development	Social Media	Administration Support	Special Events	Board of Directors

By submitting this application you affirm that all facts and statements are true and complete. I understand that if I am accepted as a student or volunteer and false statements made by me on this application may result in immediate dismissal of student / volunteer duties at PARN.

Name Printed:	Signature:
Date:	Emergency Contact: Contact Number: Relation:

Internal Use:

Application Received :	Start Date:
Staff who Interviewed:	End Date: