Volunteer Inquiry

Name: ___________________________________ D.O.B____________________________

Address: __________________________________________________________________

City, State: ______________________________________ Zip: ______________________

Phone Number: ___________________________ Cell: _____________________________

E-Mail: ___________________________________________

What is your preferred method of contact?       Availability
  o Via email                                   o Weekday Day
  o Via phone                                   o Weekday Evenings

VOLUNTEER OPPORTUNITIES

Position Applying For:
  o One-time volunteer
  o Long term volunteer
  o Unsure

Please indicate in what capacity you are interested in volunteering with AIDS Care Ocean State. (Check ALL that apply).

☐ Fundraising & Special Events  ☐ Prevention Center*
☐ ENCORE*                      ☐ Street Outreach*
☐ Safe Sex Kits                ☐ Clerical & Office
☐ Yard Work                    ☐ Special Projects (these are determined between the ACOS Staff and the volunteer)

* These volunteer opportunities require specific training and additional interviews

For questions or more information please email Volunteer@AIDSCareOS.org
or call 401-521-3603 x117