



18 Parkis Avenue  
Providence, RI  
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www.aidscaresos.org

## **Volunteer Inquiry**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **What is your preferred method of contact?**

- ☐ Via email
- ☐ Via phone

### **Availability**

- ☐ Weekday Day
- ☐ Weekday Evenings
- ☐ Weekends
- ☐ Anytime

## **VOLUNTEER OPPORTUNITIES**

### **Position Applying For:**

- ☐ One-time volunteer
- ☐ Long term volunteer
- ☐ 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](mailto:Volunteer@AIDSCareOS.org)  
or call 401-521-3603 x117