



# Victoria Aids Resource & Community Service Society VARCS

## Volunteer Application

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is it okay to call you at work? Yes: \_\_\_\_ No: \_\_\_\_

Have you volunteered for an AIDS group before? Yes: \_\_\_\_ No: \_\_\_\_

If yes, which group: \_\_\_\_\_

What are you interested in doing with VARCS?

- Drivers' Program (requires own vehicle)
- Home Help (light cooking and housekeeping)
- Home & Hospital Visiting
- Mobile X – mobile needle exchange

Please describe your experience with people who are street-involved or dealing with addictions:

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Please describe your experience with gay men:

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Please describe your experience in working with people living with HIV/AIDS:

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**For people interested in volunteering with Mobile X:**

What training have you had that is relevant to working with potentially dangerous clients?

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Please describe your beliefs about drug use.

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Are you in a twelve-step or other recovery program? \_\_\_\_yes \_\_\_\_no

Are you receiving treatment for any mental health issues? \_\_\_\_yes \_\_\_\_no

What do you think would be your biggest challenge in working with people who are in active addiction?

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What qualities do you possess that make you a good candidate for volunteering with the Mobile X?

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**VARCS** requires all volunteers to supply a **criminal records check**. If you have a recent records check please submit a copy – if you do not, VARCS will provide you with a letter to take to your local police station. Volunteers with support letters from the sponsoring agency may be charged \$10.00 – this fee is fully reimbursed by VARCS when a receipt is submitted.

When complete, please return this application to:  
Victoria AIDS Respite Care Society 1284F Gladstone Ave. Victoria, BC. V8T 1G6  
or fax to 388-7011