



POSITIVE DIRECTIONS

414 S. Commerce Wichita, KS 67203
316-263-2214 Fax 316-263-5214

NAME

DATE OF BIRTH

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS

REASON FOR VOLUNTEERING:

OTHER VOLUNTEER EXPERIENCE:

REFERENCES:

1.

PHONE

2.

PHONE

Please give times available and mark any items that you would be able to provide.

- AM (HOURS _____)
- PM (HOURS _____)
- Days Mon Tues Wed Thu Fri Sat Sun

- Bingo Monday Saturday
- Office
- Daily Bread - meal delivery
- Daily Bread – Grocery Center
- AIDS Walk
- Dining For Friends
- ArtAID

PLEASE READ AND SIGN THE FOLLOWING!

By signing this agreement;

I understand that I am to keep all information about the client(s) and other volunteers confidential. I understand that I may be working with people that have not been able to talk with their family, friends or employers about HIV/AIDS. Therefore it is imperative that I keep all information confidential. If I am to share this information with anyone outside of the PDI, I will be dismissed from the program immediately.

signature

date

(This form will be kept on file)