



Volunteer Application

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (H) _____ (C) _____ DATE OF BIRTH: _____

1. What hours are you available for volunteer work?

2. Are You employed? Yes No F/T P/T
Occupation: _____

3. Are you a student? Yes No F/T P/T
Where/Course of Study: _____

4. How did you hear about The Life Group LA?

5. Please identify anyone you know who is currently or has been associated with The Life Group LA:

6. Have you ever engaged in volunteer work before?
Yes No F/T P/T

7. Have you ever been in psychotherapy or counseling?
Yes No If so, When: _____

8. Do you own a car? Yes No

9. Do you speak any language other than English, Including American Sign Language? Yes No
If so, which? _____

10. May we identify The Life Group when calling your home or work? Home Yes No Work Yes No

11. May we add your name to our mailing list for newsletters, special events, etc.? Yes No
Email? Address: _____

Please use a separate sheet of paper to answer the next few questions.

- What made you chose the Life Group L.A. as a place to volunteer?
- What are your expectations for your volunteer experience?
- What other volunteer commitments do you have?
- How do you balance your work/freetime?
- What strengths will you bring into the Life Group L.A.?

Please indicate below which Life Group LA volunteer opportunities interest you:

- POZ Life Support Group Facilitator
 - POZ Life Tech Team Member
 - Community Outreach
 - Provide transportation to participants of the weekend workshops
 - Emotional Support Group Facilitator (weekly, biweekly, monthly)
 - Special Events
 - Office Support
 - Fundraising
 - Grant Writing
- Other: _____

NOTE: If you wish to be a Support Group Facilitator, you must complete the backside of this application.

The Life Group LA Volunteer Application (page 2)

The following questions must be answered if you wish to become an Emotional Support Group Facilitator. If you wish to volunteer for special events, tech team or office support, complete side one of the application only.

Please answer these questions in composition form on a separate piece of paper. Please include as much information as you want.

1. What is your experience with life threatening illnesses, including HIV/AIDS, and what effect has this had on you?
2. What type of client do you anticipate the most difficulty working with, and why?
3. How do you feel about working with people who have serious physical limitations or an altered appearance?
4. How would you cope with your sense of helplessness in supporting clients facing a terminal illness?
5. What are your sources of emotional support? (Spiritual, religious, family, friends, groups, etc.)
6. Describe significant life changes you have experienced within the past three years.
7. Describe your own experience with grief and how it has affected you.
8. What is your motivation for volunteering with The Life Group and what do you expect from this work?
9. Which of your feelings give you the most trouble?
10. What do you see as your personal contribution to this organization?
11. Is there anything else that you want us to know about you?

We appreciate the time and thought you have put into filling out this application and acknowledge that the questions were thought provoking and may have caused you to reach. Thank you for taking the time to consider joining our team of dedicated, loving and giving volunteers.

Together we do make a difference!

Please mail completed application to:
The Life Group LA
7985 Santa Monica Blvd. #109-330
West Hollywood, CA 90046-5112888-208-8081

www.TheLifeGroupLA.org