



THE SHOP THAT BENEFITS THE AIDS COMMUNITY

Please print clearly and return to:
Under One Roof
518A Castro St
San Francisco, CA 94114
P. 415-503-2300
F. 415-503-2301

Volunteer Application

Personal Information

First Name:	Last Name:
Address:	Email:
City, State, Zip:	
Day Phone:	Evening Phone:

Do you have access to a vehicle: Car Truck Other

Demographics (optional)

Gender:	Birth date:	Race/Ethnic Origin:
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Volunteer Interests (Please review this list of volunteer opportunities, and check the ones that interest you).

<input type="checkbox"/> Accounting / Bookkeeping	<input type="checkbox"/> Fundraising & Development	<input type="checkbox"/> Retail Management
<input type="checkbox"/> Computer DBase Design	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Retail Sales
<input type="checkbox"/> Computer Data Entry	<input type="checkbox"/> Merchandising / Buying	<input type="checkbox"/> Media Buyer Planner
<input type="checkbox"/> Computer Graphics and Design	<input type="checkbox"/> General Office Work	<input type="checkbox"/> Public Relations / Advertising
<input type="checkbox"/> Construction / Carpentry	<input type="checkbox"/> Design Display	<input type="checkbox"/> Other (specify):

Availability (Please indicate your availability for volunteer work (check all that apply):

Weekdays: Mornings Afternoons Evenings

Weekends: Mornings Afternoons Evenings

Tell us about yourself

If you have previous volunteer experience, please describe:

Why are you thinking about becoming a volunteer at Under One Roof?

Reference: Please give us the name, address, phone number and years acquainted. May we call this person?