

AIDS SERVICES COALITION

POST OFFICE BOX 169
HATTIESBURG, MS 39403-0169
PHONE: (601)450-4286
ASC@MEGAGATE.COM

VOLUNTEER APPLICATION

Name: _____

Address: _____

Telephone: (day) _____ (evenings) _____

How did you hear about us?

Have you volunteered before? Where? How long?

Why do you want to volunteer at a residence for formerly homeless persons living with HIV/AIDS?

What types of volunteer activities are you most interested in?

What days and hours are you available?

