

TRIAD TRUST

Training to Reduce the Incidence of AIDS -related Deaths

2012-2013 VOLUNTEER APPLICATION

Date: / /

1. Personal Information

Full Legal Name Nick Name

Address City, State/Prov Zip / Post Code

() () ()
Home Phone Work Phone Cell Phone

Email Secondary Email

Birth Date (MM/DD/YYYY) Birth Country

Citizenship Current Country of Residence

Passport Number Issuing Country

Passport Expiry Date

If not presently holding a Passport: have you applied for one? _ No _ Yes

• If Yes, when? _____

A copy of your passport must be submitted to the TRIAD office prior to acceptance.

*****Your passport must have at least two fully empty pages in the VISAS section. If not, you will be sent home at South African immigration at your own expense.**

How did you hear about volunteer opportunities with TRIAD?

Criminal Record Check Attached: _ No _ Yes

If No, please send ASAP. A check is required prior to an interview.

The TRIAD Trust 535 Albany Street, Unit 2a, Boston, MA 02118 Ph- 617.716.HELP Fax- 262.264.2560

www.triadtrust.org info@triadtrust.org

The TRIAD Trust, Inc is a 501(c)(3) non-profit, public charity. All contributions are tax-deductible.

2. Preferred Area of Involvement

I'm interested in the following roles with TRIAD: (check all that apply)

- Medical/Dental/Health Care/Social Work
- Sports Coaching & Leadership
- Arts
 - Music Performance
 - Recording/Engineering
 - Drama
- Media
 - Journalism
 - Photography/Photojournalism
 - Documentary Filmmaking
- Reflective Practices
 - Writing/Spoken Word
 - Yoga/Meditation
- Administration/Technology/Monitoring & Evaluation
- Legal & Development

For Travel-based Opportunities

Dates Available: (minimum 2 week commitment)

- Late- December 2012-Mid-January 2013
- Mid-March 2013
- Late June-Mid July 2013
- Early-Mid September 2013
- ongoing _____

3. Employment/Training Experience: (relevant to area of interest with TRIAD)

Dates	Business/Organization	Location (City, State/Prov)	Position
Supervisor		Contact Information	
Dates	Business/Organization	Location (City, State/Prov)	Position
Supervisor		Contact Information	
Dates	Business/Organization	Location (City, State/Prov)	Position
Supervisor		Contact Information	

4. Applicant Education

Level of education completed: High School College/University Post-Graduate

School	Location (City, State/Prov)	Year Graduated	Degree
--------	-----------------------------	----------------	--------

School	Location (City, State/Prov)	Year Graduated	Degree
--------	-----------------------------	----------------	--------

School	Location (City, State/Prov)	Year Graduated	Degree
--------	-----------------------------	----------------	--------

Languages and Proficiency:

Other Related Abilities/Experiences (at home or cross-culturally):

5. Applicant Health: Excellent Very Good Good Limitations/Allergies:

Physician _____ Phone ()

Address _____

Are you taking any prescription drugs? No Yes (*please describe*)

*TRIAD does not discriminate based on race, color, religion, sex, sexual orientation, nationality, disability, or age.

6. Reflective Questions:

*On a separate piece of paper, *in 250 words or fewer per question*, please respond to the following questions:

- A. Describe your interest and motivation for applying to work with TRIAD. What are your major priorities/goals?
- B. How do you measure your own success/impact?
- C. How can good leadership help stop the spread of HIV/AIDS?

7. Finances:

TRIAD's "Financial Commitment Agreement" (FCA) stipulates that you are responsible to pay for or raise all funds necessary as set forth in FCA within the set deadlines. To summarize, the full amount of the commitment will be held on deposit on your credit card. If you do not raise and submit at least that minimum no later than 90 days after your return, the difference will be charged to your credit card. If this presents a hardship, please discuss the issue with any member of TRIAD's Board of Directors during your interview. All program-related expenses are considered donations and are tax-deductible.

Amex/ MC/Visa _____ Exp Date ___/___ CSV# _____
on back for MC/Visa above account number for Amex

8. Additional Information:

TRIAD does its best to provide timely advice and administrative assistance with your support-raising efforts, whether raising material support, financial support, etc., in the form of mailings, electronic correspondence, multi-media samples, and more.

Are you willing to do your part in support-raising? Yes No

*On a separate piece of paper, *in 100 words or fewer per question*, please respond to the following questions. Bulletpoints are acceptable:

- A. Do you have experience fundraising for outreach-related projects? Briefly describe.
- B. What sort of support-raising strategies will you find effective?

Signature

Date

Thank You For Your Interest!

***Please Fax Application & Supplemental Responses to 262-264-2560
Or scan/email to info@triadtrust.org***

***or Mail to:
TRIAD Trust
Brooke Wurst, Executive Director
535 Albany Street, Unit 2a***

The TRIAD Trust 535 Albany St., Unit 2a, Boston, MA 02118 Ph- 617.716.HELP Fax- 262.264.2560
www.triadtrust.org info@triadtrust.org
The TRIAD Trust, Inc is a 501(c)(3) non-profit, public charity. All contributions are tax-deductible.

Boston, MA 02118

The TRIAD Trust 535 Albany St., Unit 2a, Boston, MA 02118 Ph- 617.716.HELP Fax- 262.264.2560
www.triadtrust.org info@triadtrust.org
The TRIAD Trust, Inc is a 501(c)(3) non-profit, public charity. All contributions are tax-deductible.