



4122 18th Street

San Francisco, CA 94114

Volunteer Application

Office Use Only:

Status:	Current	
	Inactive	
	Needs Verification	
Sign up for:	Basic 1	
	Basic 2	

Thank you for considering volunteering at Magnet. Please provide the requested information below. You can return completed forms by mail, fax to 415.581.1611, or email to info@magnetsf.org

Contact Information

(Please fill in all boxes)

Name:						
Address:						
City/State/Zip:						
Phone:	Home		Work		Cell	
Email:						
Emergency Contact	Name:					
	Phone:					

Demographics

(please check appropriate boxes)

Sexual Orientation:		Age:		Ethnicity:		Gender:	
<input type="checkbox"/>	Gay	<input type="checkbox"/>	<18 yrs	<input type="checkbox"/>	African American	<input type="checkbox"/>	Male
<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	18-25	<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	26-35	<input type="checkbox"/>	Asian Pacific Islander	<input type="checkbox"/>	Transgender
<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	36-45	<input type="checkbox"/>	Latino	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	46+	<input type="checkbox"/>	Other	<input type="checkbox"/>	

References

Name:		Name:	
Phone:		Phone:	
Email:		Email:	

Licensure & Certification

(please check appropriate boxes)

License/Certificate Number:							
<input type="checkbox"/>	MD	<input type="checkbox"/>	RN	<input type="checkbox"/>	CPT1	<input type="checkbox"/>	SF HIV Technician
<input type="checkbox"/>	PA/NP	<input type="checkbox"/>	EMT	<input type="checkbox"/>	CPT2	<input type="checkbox"/>	

Volunteer Interest Areas

(please check appropriate boxes)

<input type="checkbox"/>	STD	<input type="checkbox"/>	HIV	<input type="checkbox"/>	Registration	<input type="checkbox"/>	Office	<input type="checkbox"/>	Events	<input type="checkbox"/>
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