

NO/AIDS Task Force  
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## VOLUNTEER INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Have you had HIV/AIDS training? \_\_\_\_\_

If yes, where and when: \_\_\_\_\_

\_\_\_\_\_

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If not, are you interested in attending an AIDS Awareness & Volunteer Training seminar? \_\_\_\_\_ Yes \_\_\_\_\_ No

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For Office Use Only

Date of Training: \_\_\_\_\_

Date of Contact: \_\_\_\_\_ Contacted By: \_\_\_\_\_

Training Date: \_\_\_\_\_ Area of Specialized Training: \_\_\_\_\_

Notes: \_\_\_\_\_