



# Ventura County AIDS Partnership

## Volunteer Interest Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Areas of Interest/Skills: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> Fundraising            |
| <input type="checkbox"/> Advertising          | <input type="checkbox"/> Law/Legal Issues       |
| <input type="checkbox"/> Corporate Contacts   | <input type="checkbox"/> Management             |
| <input type="checkbox"/> Event Planning       | <input type="checkbox"/> Marketing              |
| <input type="checkbox"/> Government Relations | <input type="checkbox"/> Public/Press Relations |
| <input type="checkbox"/> Grantmaking          | <input type="checkbox"/> Strategic Planning     |
| <input type="checkbox"/> Grant Writing        | <input type="checkbox"/> Technology             |
| <input type="checkbox"/> Graphic design       | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Faith Community Ties | <input type="checkbox"/> Website Design         |

Please attach a brief statement of interest and your resume to this form.

Please return the form to:  
Ventura County AIDS Partnership  
Madhu Bajaj

1317 Del Norte Road, Suite 100  
Camarillo, CA 93010

[vcap@vcunitedway.org](mailto:vcap@vcunitedway.org)

Tel (805) 485-6288 ext.232 Fax (805) 485-4845

Please note that volunteer needs change continuously and not all skills are needed at all times.