



Today's Date _____

**CONFIDENTIAL
AIDS HELP, INC.
Volunteer Application**

Name _____ Sex ___ M ___ F
(last) (first) (middle)

Address _____
(number) (street) (appt) (city) (state) (zip)

Email Address _____

Home Phone _____ Best time to call _____

Business Phone _____ Best time to call _____

May we call during business hours? ___ Yes ___ No

Occupation _____

Current place of employment _____

Employment address _____
___ Full time ___ Part time

Date of birth _____

Briefly describe your previous paid work experience _____

Briefly describe any previous Volunteer work you have done_____

Highest education level completed_____

Licenses or clinical certifications_____

Are there any limitations or commitments that would restrict the work you could do as a volunteer for AIDS Help, or that would prevent you from making a one-year commitment? _____

In case of emergency, contact _____ phone_____

Relationship_____

Resource Skills Bank

Please check those skills which you possess:

- | | |
|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Library Science |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Market Research |
| <input type="checkbox"/> Clinical psychology | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Commercial Art | <input type="checkbox"/> Medical skills |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Community organization | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Computer programming | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Dietetics /nutrition | <input type="checkbox"/> Radio/T.V. |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Recreational Therapy |
| <input type="checkbox"/> Educational psychology | <input type="checkbox"/> Substance Abuse Counseling |
| <input type="checkbox"/> Meal provision | <input type="checkbox"/> Theatre Arts |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Typing/Word Processing |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> wpm_____programs_____ |
| <input type="checkbox"/> Haircutting | <input type="checkbox"/> Misc. home services |
| <input type="checkbox"/> Hospital / Patient Advocate | <input type="checkbox"/> Moving_____ Transportation_____ |
| <input type="checkbox"/> Journalism | <input type="checkbox"/> Laundry_____ Cleaning_____ |
| <input type="checkbox"/> Law | <input type="checkbox"/> Painting_____ Carpentry_____ |
| <input type="checkbox"/> Speak language other than English | <input type="checkbox"/> General Maintenance_____ |

___ Other _____

Drivers License and Vehicle Information

Do you have a current drivers license? ___Yes ___No. If yes please specify

State _____ License Number _____ Expiration date_____

Has your license ever been suspended? _____

Have you ever been convicted of a driving offence? _____
(include traffic points for speeding etc)

Is your license currently under suspension? _____

Make and plate number of current vehicle _____

Insurance Company _____ Policy Number _____

Insurance Expires _____

How did you hear about AIDS Help, Inc.? _____

In your own words, why have you chosen AIDS Help, Inc. as the place you want
to volunteer? _____

Do you want to work directly with a person with AIDS? ___Yes ___No

Are you interested in becoming a "buddy"? ___Yes ___No

What type of Volunteer work are you interested in at AIDS Help, Inc.? _____

Is there anything special you need or expect from your work at AIDS Help, Inc.?

Have you recently experienced a major life change (i.e. work situation, living situation, death of a close friend or family member, etc.)? _____

Do you consent to have AIDS Help, Inc. publish your name as a volunteer?
___Yes ___ No

Can you receive mail from AIDS Help, Inc. at the address listed above?
___Yes ___No

Time(s) available to Volunteer (please indicate below)

If your schedule varies, please describe your available time. _____

	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning (9 – 1)							
Afternoon (1 - 5)							
Evenings (after 5)							

VOLUNTEER CODE OF ETHICS POLICY

We are very pleased that you have decided to become a volunteer at AIDS Help, Inc. In order to protect you, our clients, and our agency, we have developed this policy.

Providing services to people with HIV illness is a sensitive endeavor calling for meticulous care in protecting privacy, preserving confidentiality, respecting appropriate relationships between provider and client, and complying with laws, standards, and regulations bearing on AIDS related care and treatment. Volunteers must agree, by signing a copy of this policy, to abide by the following standards that comprise AIDS Help's Code of Ethics governing interaction of volunteers with clients.

Volunteers shall:

1. Respect the confidentiality of all records, materials, and communications regarding clients.
2. Treat clients in an objective, non-possessive and professional manner, and respect their rights and views.
3. Not discriminate among clients on the basis of race, sex, creed, age, sexual orientation or any other individual characteristics unrelated to services being provided.
4. Recognize when it is in a client's and/or the agency's best interest for the volunteer to release the client to another volunteer to handle a given situation or provide services to the client.
5. Assist and interact with clients in non-enabling, empowering ways that encourage clients to help themselves, and avoid conduct that could be detrimental to, or exploitative of a client.
6. Provide the highest possible quality of service and care.

-Continued-

7. Conduct themselves appropriately in personal interactions with clients so as to pose no risk to personal or organizational reputation, and so as to protect volunteers and AIDS Help from possible liability or litigation.
8. Refrain from engaging with a client in sexual intimacies or other behavior that could reasonably be interpreted as conveying sexual or romantic interest.
9. Refrain from entering a landlord-tenant relationship or a business relationship with a client with whom a volunteer is working as an AIDS Help volunteer.
10. Refrain from accepting from clients any goods, services, or gifts that could create inherent potential for conflicts, exploitation and distortion of the relationship.
11. Refrain from sexual harassment of a client, which is defined as including, but not necessarily limited to, sexual advances, verbal or physical conduct of a sexual or sexually suggestive nature, presentations of a sexual nature (e.g. display of signs, posters, illustrations, and the like, or of recorded material), requests for sexual favors, and any comportment that reasonably might be interpreted as having sexual connotations.

BY SIGNING BELOW, I CERTIFY THAT I UNDERSTAND THE ABOVE POLICY.

Volunteer's Signature

Date

Printed or Typed name of Volunteer

Retyped
December 2000

MEMORANDUM OF UNDERSTANDING

CONFIDENTIALITY OF CLIENT INFORMATION

The purpose of this Memorandum of Understanding is to emphasize that all information held in health records is confidential with access governed by state and federal laws. Information that is confidential includes a client's name, address, medical, social, and financial data, and services received. In addition, the fact that someone has had an HIV test is confidential, whether the result of the test is positive or negative. Data collection by interview, observation, or review, of documents should be conducted in a setting that protects the client's identity from unauthorized individuals. Client information should not be discussed outside the agency, except in the performance of referrals to other agencies for client care.

Section 384.29, Florida Statutes, addresses the need for special discretion in the handling of sexually transmissible disease information. Sexually transmissible diseases, by their nature, involve sensitive issues of privacy and all programs designed to deal with these diseases should afford privacy and confidentiality to the client.

Section 381.609, Florida Statutes, deals with confidentiality of HIV test results. There are penalties for violating this statute. These penalties range from disciplinary action by the agency to a criminal misdemeanor.

I understand and agree to abide by these confidentiality provisions.

Volunteer Signature

Date

Printed or Typed Name of Volunteer

Retyped
December 2000

THE IMPORTANCE OF CONFIDENTIALITY

One of the most sensitive aspects of working with persons with HIV Spectrum Illness is the matter of confidentiality. A breach of confidentiality could threaten personal relationships, as well as jobs, housing, insurance, etc.

The Volunteer Confidentiality form signed by all Volunteers stresses the need for all information received in the client-volunteer relationship to be treated as completely confidential.

Remember that absolutely no information should be released without the consent and/or request of your client. Where your client works or lives may seem like harmless facts, but they could lead to disclosure of your client's identity. You should also guard against the tendency to discuss your clients' lives with your close friends and family.

It is very important that we always uphold our clients' trust that we keep his or her personal information confidential. Trust is one of the major components of the client volunteer relationship – respect this important aspect of your client's rights.

AGREEMENT OF CONFIDENTIALITY AND ANONYMITY

As a volunteer working with clients of AIDS Help, Inc., I DO AGREE to the following conditions regarding my participation. ANONYMITY – I will not disclose the name of any AIDS Help, Inc. client. CONFIDENTIALITY – I will not disclose any information about any client.

Volunteer Signature

Date

Printed or Typed Name of Volunteer

Retyped
December 2000