

AIDS PROJECT EAST BAY

VOLUNTEER APPLICATION

Today's Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Date of Birth (optional): _____

Home Phone: (____) _____

Work Phone: (____) _____

May we contract you at work? Yes No

May we identify **APEB** when calling or leaving a message? Yes No

Are you a student? Yes No

Are you presently employed? Yes No

If "Yes," Full-time or Part-time

Your occupation: _____

Do you own or have access to a car? Yes No

What languages do you speak? _____

Ethnicity (optional):

African American

Native American

Asian/Pacific Islander

Latino/a

Caucasian

Other _____

What is your availability? (Please circle all times you are available):

MON	TUE	WED	THU	FRI	SAT	SUN	Holidays
9-1	9-1	9-1	9-1	9-1	9-1	9-1	9-1
1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5
eve	eve	eve	eve	eve	eve	eve	eve

In case of emergency, whom should we contact?

Name: _____

Phone: (____) _____

What brought you to **APEB**?

Have you volunteered before? Yes No

If "Yes, " where? _____

If "Yes, " please describe your previous experience:

As a new **APEB** volunteer, what are your goals and expectations?

Briefly describe how HIV/AIDS has affected your life.

Describe your experience with serious illness, death, and dying.

How do you feel about working with persons who may have altered physical appearance or physical/mental/emotional challenges resulting from illness, treatment, accident or other causes?

Have you worked/lived with people of cultures other than your own?

Briefly describe the sources of emotional support in your own life.

Please rate your knowledge of HIV/AIDS: excellent fair minimal

Skills you are willing to share with **APEB**:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Education | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Graphics | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Hair cutting | <input type="checkbox"/> Therapy/MFCC |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Insurance | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Bartending | <input type="checkbox"/> Massage | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Notary | |
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Nurse/Medical | Other: |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Paralegal | <input type="checkbox"/> |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Photography | |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Public Relations | |

VOLUNTEER POSITION PREFERENCES

OFFICE VOLUNTEER

Can you type? Yes No

Computer skills? _____

SPECIAL EVENTS

SPEAKERS BUREAU

Describe your public speaking experience: _____

EMOTIONAL SUPPORT

Describe your public speaking experience: _____

PRACTICAL SUPPORT

Describe your practical support experience: _____

STREET OUTREACH/EDUCATION

Describe your outreach/education experience: _____

CLIENT ADVOCATE ASSISTANT

Describe your experience: _____

OTHER: _____

VOLUNTEER AGREEMENT

I, _____, realize that I am making a serious a commitment to volunteer a portion of my life and energies of assist AIDS Project East Bay (**APEB**) as a volunteer. I further understand that in the course of my service with **APEB**, I may learn certain facts about individuals being served by **APEB** that are of a highly personal and confidential nature. I therefore agree to maintain complete confidentiality and to respect the privacy rights of all direct and indirect participants in any **APEB** activities.

Signature: _____ Date: _____

Application Accepted: Yes No Date: _____

If not accepted, please explain: _____

Proposed Duties: _____

Interviewer's Signature: _____

Supervisor's Signature: _____

Volunteer Coordinator's Signature: _____

Start Date: _____

Termination Date: _____

Reason for Termination: _____

VOLUNTEER POLICIES AND PROCEDURES

➤ USE OF DRUGS AND ALCOHOL:

Alcohol and drugs impair judgment, reduce listening capabilities, and distort feelings and responses. AIDS Project East Bay (**APEB**) is committed to maintaining a drug-free service environment. Therefore, no **APEB** volunteer shall:

- 1) provide mind-altering substances to clients;
- 2) share mind-altering substances with clients;
- 3) use mind-altering substances while on **APEB** property;
- 4) make him/herself available to **APEB** clients while s/he is under the influence of mind-altering substances.

➤ FINANCIAL AND LEGAL EXCHANGES:

In order to maintain professional boundaries between volunteers and clients, volunteers may not engage in any lending or giving of money. In consideration of potential liability concerns, **APEB** requires volunteers to refrain from acting as Power of Attorney, Executor, or Witness for any **APEB** client.

➤ TIME COMMITMENT/HOURS POLICIES AND PROCEDURES:

APEB asks that new volunteers commit to a minimum of three month of service. To ensure proper record keeping and for grant reporting all **APEB** volunteers must track their service hours by signing-in and –out in the reception area. Practical and Emotional Support volunteers will be asked to complete monthly reports.

➤ ATTENDANCE/TARDINESS:

Volunteers should call the administrative offices of **APEB** if they are going to be late or must miss work entirely.

➤ PROBLEMS/TERMINATION:

The following offenses require immediate dismissal from **APEB**:

- 1) theft at jobsite;
- 2) physical violence or abusive behavior toward staff, volunteers or clients;
- 3) timesheet fraud;
- 4) use of drugs or alcohol on the jobsite;
- 5) possession of weapons;
- 6) two worksite suspensions.

➤ CONFIDENTIALITY AGREEMENT:

I understand that in the course of my service with **APEB** I may learn certain facts about individuals being served by **APEB** that are of a highly personal and confidential nature. Examples of such information include, but are not limited to: medical conditions and treatment; financial information; living arrangements; sexual orientation; etc. I agree not to disclose any information about a client, and at no time will I discuss information concerning a client without the express written consent or presence of his/her case manager at the AIDS Project East Bay.

➤ VOLUNTEER STATEMENT:

I have read and agree to comply with all of the above policies for volunteers at **APEB**.

Name (please print): _____

Signature: _____ Date: _____