

AIDS Services of Dallas Volunteer Application



All information in this application will be kept strictly confidential, and shall be used only in the management of ASD's volunteer services and programs.

GENERAL INFORMATION

Last Name:	First Name:	Middle Initial:
Address:		Home Phone: ()
City:	State:	Zip:
Email by which we can contact you:		
Place of Employment:		Position:
Work Phone: ()		Mobile Number: ()
If volunteering with a group or Supper Club, what is the group's name? _____.		
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH: Mo. Day Yr.
Ethnicity: <input type="checkbox"/> African-American; <input type="checkbox"/> Asian; <input type="checkbox"/> Caucasian; <input type="checkbox"/> Hispanic; <input type="checkbox"/> Arabic; <input type="checkbox"/> Native American; <input type="checkbox"/> Other		
Physical limitations that might affect your ability to perform certain tasks:		

VOLUNTEER OPPORTUNITIES

I am applying for the position of:			
<input type="checkbox"/> ASD Supper Club	<input type="checkbox"/> Children Activities	<input type="checkbox"/> GED Tutoring	<input type="checkbox"/> Landscaping/Maintenance
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Bilingual Services	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Clerical Support/Data Entry
<input type="checkbox"/> Barber/Hairstylist	<input type="checkbox"/> Special Events	<input type="checkbox"/> Other:	
When are you available to do volunteer work: ___ Weekdays; ___ Evenings; ___ Weekends; ___ Varies			
Do you have access to an automobile you can use for volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No; A truck? <input type="checkbox"/> Yes <input type="checkbox"/> No			

OTHER INFORMATION

IN CASE OF EMERGENCY CONTACT:		
Relationship:	Phone: ()	Alternate Phone: ()

!!!PLEASE COMPLETE BOTH FRONT AND BACK OF FORM!!!

List name and phone numbers of three references (personal or business):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The strength of AIDS Services of Dallas depends heavily on the leadership of its volunteer Board of Trustees and in the cooperative support of its staff and community volunteers. The agency bylaws prohibit any individual acting as a volunteer from receiving financial or other remuneration for services. **Initial** _____

By completing and executing this application, the undersigned agrees to uphold and abide by the agency's mission, policies and procedures. I specifically authorize ASD to contact any and all references submitted in order to determine my suitability as a volunteer. **Initial** _____

AIDS Services of Dallas Confidentiality Agreement

Confidentiality Policy Statement

The privacy of residents must always be protected. No information of any kind is provided to anyone about a resident without the resident's permission. Members of the press are not permitted on the premises, unless accompanied by the President/Chief Executive Officer. Residents are ordinarily informed in advance of the presence of the media at any facility. The President/Chief Executive Officer and Chair of the Board are the only individuals authorized to make statements to the press on behalf of the agency.

Confidentiality Procedures

All employees, consultants, volunteers, contracting agencies, student interns, and other affiliates of ASD shall comply with this agency's confidentiality procedures. Information that identifies, or potentially identifies, a resident will be treated as confidential and deserving of utmost privacy. All employees, consultants, volunteers, contracting agencies and other affiliates of ASD shall participate in a training workshop at least once a year.

Information Regarding Release of Information

Information regarding a resident will be released only by valid consent or authorization from the resident or when this agency is ordered by a court of law. To be valid a form of consent must be written and contain the following information:

1. The name of the organization or program that is to release the information.
2. The name of the person or organization that is to receive the information.
3. The name of the resident.
4. The purpose and need for the information.
5. The date, event or condition upon which the consent will expire unless revoked earlier.
6. A statement that the consent can be revoked at any time except to the extent that the organization or program that is to make the release has already taken action in reliance on it.
7. The date on which the consent is signed.
8. The signature of the individual authorized to consent to the release of information.

I have read the above and understand and agree to follow ASD's confidentiality policy and procedures as stated. Furthermore, I have been given a chance to ask and have explained to me any areas of this statement I felt I did not fully understand. My signature below indicates I understand and agree to follow ASD's policy and procedures on confidentiality. I understand that revealing a person's HIV status without their consent is a violation of Section 81.101 et seq. of the Health and Safety Code of the Acts of the State of Texas, 1989 and is subject to both criminal and civil penalties.

Signature

Date

Printed Name

**PLEASE COMPLETE AND SIGN BOTH SIDES OF
THIS FORM THEN READ PAGES 3 AND 4**

AIDS Services of Dallas Volunteer / Resident Code of Conduct

1. All volunteers must complete a Volunteer Application and Confidentiality Agreement before beginning service. All volunteers must agree to a criminal background and reference check.
2. Social encounters with a resident must adhere to strict standards of confidentiality. If you find yourself in a social situation off property in which you encounter a resident, every precaution must be taken to introduce a resident in such a way as not to breach a resident's privacy or HIV status.
3. Questions or concerns regarding residents or staff should be directed to the Volunteer Department.
4. Under no circumstances should a volunteer borrow or loan money to a resident. A volunteer may not contract with a resident for any purpose or purchase property, goods or services from a resident without the written approval of the Chief Executive Officer.
5. If a resident expresses a need from a volunteer for a particular item or service the volunteer should contact the volunteer department, this includes requests for cigarettes, personal items, special events, Supper Clubs, etc.
6. Illicit drug possession, use or sales on ASD property are cause for immediate termination of volunteer duties.
7. Consumption of alcoholic beverages or intoxication while on property is cause for immediate dismissal. Alcoholic beverages shall not be brought onto ASD property. Volunteers may not perform their duties while under the influence of alcohol or drugs, illicit or prescribed.
8. If you are injured while on ASD property tell a staff person as soon as possible. If a resident is injured please contact a PCA (Personal Care Aide) immediately.
9. Individuals and faith-based organizations are not to influence their religious beliefs on any residents.
10. All donations are to be directed to the volunteer department. It is ASD's policy to complete a donation form for every donation received. This form assists ASD in tracking the donation and serves as a mechanism for providing the donor with a receipt.
11. Volunteers should adhere to their specific job description. Those who wish to make changes in their volunteer role should first consult with a member of ASD's volunteer department. Inappropriate physical contact with a resident is not permitted and will result in immediate termination from ASD's Volunteer Program.
12. No weapons of any kind are allowed on ASD property.
13. Because of the importance of impartial treatment and maintaining the integrity of the agency and its policies, special or intimate relationships between volunteers and clients is strictly prohibited. Except for agency sponsored events, volunteers shall not engage in social activities with residents without permission from the volunteer department.

**!!!!!!PLEASE COMPLETE AND SIGN OTHER
SIDE!!!!!!**

AIDS Services of Dallas Volunteer Authorization



CLIENT ABUSE/NEGLECT STATEMENT

I hereby certify that I have not been found to be a perpetrator of any client abuse in a previous volunteer capacity. I am aware that my signature on this application authorizes AIDS Services of Dallas (ASD) to check with any agency for which I have volunteered directly to verify that any information I provide about such activity is accurate.

VOLUNTEER AUTHORIZATION

I hereby authorize ASD to verify my background, education and experience. I also authorize former employers, former supervisors and other persons with knowledge of my background, education or experience to provide any pertinent information to ASD. I understand any information collected during such investigations will remain confidential. I am also aware that ASD will conduct a criminal background check and that certain convictions may be cause for termination from volunteer service.

- Have you ever been convicted of any violation of the law other than minor traffic violations?
_____ Yes _____ No. If yes, please explain:

I understand that if am approved by ASD as a volunteer, I will serve an initial probationary period, during which my continued service will be conditional. I understand that I may be terminated from any volunteer service during this probationary period for unsuitability for the position without a specific "cause" being demonstrated.

I certify that the statements in this application are true and complete. I understand that any false statements may be sufficient grounds for my application to be rejected and for discharge if I am already a volunteer at ASD. I have reviewed the **CLIENT ABUSE/NEGLECT STATEMENT** and the **VOLUNTEER/RESIDENT CODE OF CONDUCT** sections and agree to abide by the rules contained within these guidelines.

First Name: _____ M.I. _____ Last Name: _____

TDL#: _____

APPLICANT'S SIGNATURE

DATE