



Volunteer Application

All application information is confidential

Thank you for your interest in becoming an important part of HIV Alliance. Please fill this application out and bring it to your volunteer orientation. To see a list of upcoming orientations, go to our website at <http://www.hivalliance.org/volunteer/application-process>. If you have any questions, you can contact me by phone at 541-342-5088 x 116 or volunteer@hivalliance.org.

Name: _____ Application Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____ Date of Birth: _____

Emergency Contact: Name: _____ Phone: _____

Please list any known allergic reactions, known medical conditions, or special medications.

AREA OF VOLUNTEER INTEREST (please check all that apply**)

A detailed description of these and other roles can be found on our website:

<http://www.hivalliance.org/volunteer/volunteer-opportunities>

Client Services/Dental

- ___ Front desk (M-F 9am-5pm)
- ___ Dental program (M-F 9am – 5pm)
- ___ Cooking (W 5pm)
- ___ Client moving (Varies)
- ___ Office-filing, support (M-F 9am-5pm)

Development/Admin

- ___ Community Education (Varies)
- ___ Building/Grounds Care (Flexible)
- ___ Fundraising (Varies)
- ___ Grant Writing (Flexible)
- ___ Events (Varies)
- ___ Finance/Accounting (M-F 9am-5pm)
- ___ IT/Tech/Computers (Varies)

Prevention

- ___ Gay-Bi MSM Outreach (Varies, but often on Friday or Saturday nights)
- ___ Needle Exchange (M 5:30 - 8pm, T 11:00am – 1:00pm, W 5:30 - 8pm, R 5:15 – 8:15pm, F 3-5pm)
- ___ HIV Testing (M 5-7pm, T 5-7pm, R 6-8pm)
- ___ Support roles such as creating supplies or entering data (M-F 9am-5pm)

Length of commitment? _____ **Please note that many roles require a minimum commitment of 6 months.

Education

Current Student? Yes () No ()

If Yes: School _____ Area of Study _____

Highest Level of Education Completed.

School _____ Degree _____

Other Relevant Trainings/Certifications: _____

Employment (Current or most recent)

Title _____ Company _____

Job Duties _____

Skills

Grant Writing Experience? Yes () No ()

Event Planning Experience? Yes () No ()

Fundraising Experience? Yes () No ()

Bilingual? Yes () No () If yes, what language(s)? _____

Others? _____

Volunteer Information

1. How did you hear about HIV Alliance? _____

2. Past or present volunteer experience (please include organization name and duration)

3. What are your goals in volunteering at HIV Alliance?

Background check

(Completion of this is required of all volunteers in volunteer roles that require the orientation)

Previous names you may have used: _____

Social Security #: _____

(Answering yes to any of the following questions does not automatically disqualify you from Volunteering)

a. Have you ever been convicted of a major traffic violation, including DUII? Yes ___ No ___

b. Have you ever been convicted of ANY misdemeanor or felony crimes? Yes ___ No ___

c. Have you been charged with a crime for which there hasn't yet been an acquittal or dismissal? Yes ___ No ___

* If you answered yes to any of the questions above please complete the following:

Date: _____ County: _____ State: _____

Type of Offense: _____

Explanation: _____

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer. By my signature, I authorize HIV Alliance to check criminal and/or civil records. I understand that this application is not a guarantee of placement as a volunteer with HIV Alliance.

Signature: _____ Date: _____



Confidentiality Statement

INSTRUCTIONS: This statement shall be reviewed and signed by each employee, intern, and volunteer of the HIV Alliance on an annual basis and shall be on file.

Confidentiality is the preservation, in confidence, of all information concerning a client which may be disclosed in a treatment relationship between the client and the medical, mental health, general healthcare professionals, and human service workers. Unless there is a legal exception, only the client may allow release of confidential information.

Any information concerning specific clients is confidential, including medical information which is maintained electronically through computerized data collection systems. This also includes confidential information which has been transmitted electronically via a fax machine. In contrast, general information, policy statements, statistical material and similar information which is not identified with an individual client or family is not confidential. All HIV Alliance employees are considered public officials mandated by law to report suspected cases of abuse or neglect. The reports are required, and therefore not subject to confidentiality restrictions. The agency considers casual disclosures to other staff members or volunteers without a legitimate “need to know” or to family members or friends to be harmful to client privacy rights, and are therefore prohibited.

Under Oregon law, HIV Alliance may be legally liable for your actions which are within the course and scope of your duties as a provider or volunteer. However, improper disclosure of confidential information is not considered to be within the course and scope of your duties. As a result, the HIV Alliance could refuse to defend you in any legal action which might be brought by a client for violating the client’s confidentiality. Non-compliance with privacy policies and State and Federal law may be cause for disciplinary action up to and including dismissal, and possible legal actions for violations of applicable regulations and laws.

In the event of a crisis, public relations or community issue, staff and volunteers agree to refrain from discussing the issue with the press and public and to encourage and allow the designated agency spokesperson to speak for the agency. Staff and volunteers agree to direct all communication relevant to the issue to the Executive Director.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMATION ABOVE. I FURTHER UNDERSTAND AND AGREE THAT, AS AN EMPLOYEE OR VOLUNTEER FOR HIV ALLIANCE, I HAVE A DUTY TO ABIDE BY THE LAWS AND POLICIES GOVERNING THE PRESERVATION OF CONFIDENTIAL INFORMATION AND THAT I WILL ABIDE BY THOSE LAWS AND POLICIES. I ALSO UNDERSTAND THAT CONFIDENTIALITY EXTENDS INDEFINITELY BEYOND MY INVOLVEMENT WITH THE PROGRAM. I UNDERSTAND THAT I AM REQUIRED TO PROMPTLY REPORT ALL VIOLATIONS OR SUSPECTED VIOLATIONS OF ANY PRIVACY POLICY TO A SUPERVISOR.

Name: _____

Signature: _____

Date: _____

TB Testing

All volunteers that volunteer directly with clients for a period of over 20 hours in a calendar year are required to have a PPD skin test or, if previously tested positive, a chest x-ray, to continue to volunteer. This test must be paid for by the volunteer, and they will be required to retest annually. Check the website to see which volunteer roles require a TB test or contact the Volunteer Coordinator to talk about your case specifically. In general, most Prevention, Dental, and Client Services roles require a TB test. Tuberculosis is an airborne bacterium that can cause severe and possibly fatal illness. It is vital to client personal safety that the risk of exposure is kept at a minimum. There are many places in town where the test is available (see below). Please bring a copy of your results within two weeks of your orientation.

White Bird Medical Clinic
1400 Mill Street
(541) 484-4800

Lane County Public Health
135 E 6th Ave
(541) 682-4013

U of O Health Clinic
(for currently enrolled students only)
(541) 346-2770

Lane Community College
(for currently enrolled students only)
(541) 463-5665 (call for appt; no drop-ins)

HBV Vaccination

Volunteers working in *Direct Services* are strongly encouraged to have a Hepatitis B Virus (HBV) vaccination at their own expense; a waiver must be signed if you choose not to have the vaccine. HBV is transmitted both sexually and parenterally (taken into the body or administered in a manner other than through the digestive tract, as by intravenous or intramuscular injection). HBV causes inflammation of the liver and can cause cirrhosis and cancer. There is a vaccination for HBV that is given in a three-shot series over a period of six months. Please bring in a copy of your vaccination records, or sign the waiver below.

Refusal of HBV vaccination

I understand that due to my occupational exposure to blood and/or other potentially infectious materials that I may be at risk for acquiring the hepatitis B virus (HBV). I understand that by not having the HBV vaccine, I continue to be at risk of acquiring HBV, a serious disease. I have been made aware of my risks for acquiring HBV as a volunteer with HIV Alliance and agree to assume any and all of these associated risks. I do not/will not hold HIV Alliance liable for any exposure to HBV.

Name: _____

Signature: _____

Date: _____

Thank you for your interest in becoming an important part of HIV Alliance. Please bring this completed application to your scheduled orientation at HIV Alliance, 1966 Garden Ave, Eugene, OR 97405. A list of upcoming volunteer orientations can be found on our website: <http://www.hivalliance.org/volunteer/application-process> or can be found by calling 541.342.5088 x 116 or e-mailing volunteer@hivalliance.org. If you have any questions about the volunteer process, do not hesitate to contact me.