

South Jersey AIDS Alliance

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Occupation: _____ Can we contact you at work? Yes No

Why do you want to volunteer for an HIV/AIDS service organization? _____

Please check your current level of knowledge about HIV/AIDS:

Advanced Basic Some Little None

Please check any skills, professional help, or resources you are able to offer.

<input type="checkbox"/> Answer phones	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Public speaking	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Special Events	<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Helping in Food Bank
<input type="checkbox"/> Typing	<input type="checkbox"/> Food Delivery	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Facilitating Groups
<input type="checkbox"/> Moving furniture	<input type="checkbox"/> Filing	<input type="checkbox"/> Painting	<input type="checkbox"/> Other _____

Which Support Center would you be interested in volunteering in?

Atlantic City Bridgeton Wildwood

Please list the days and times you are available to volunteer:

Confidentiality Statement

Confidentiality is vital to the South Jersey AIDS Alliance. As part of your application process, we ask that you read and consider our guidelines regarding confidentiality and recognize that they are strictly enforced. Volunteer training includes discussions around issues of confidentiality, situations which volunteers might encounter, and where to turn for guidance.

If you are comfortable with those guidelines please sign this agreement. Please understand that we cannot accept your application without a signed confidentiality agreement. If you have any questions, please call.

Guidelines – the following information is confidential

The fact that someone:

- ❖ Is a client , has AIDS, is HIV –positive, is HIV-negative, has been tested for HIV antibodies;
- ❖ Is a volunteer or used to volunteer;
- ❖ Is a donor or had contributed money;
- ❖ Has been at SJAA
- ❖ (being an employee is not confidential)

Any personal information about a client, volunteer or staff person, including:

- ❖ Medical conditions
- ❖ Medical, psychological, or holistic treatments
- ❖ Finances or insurance arrangement
- ❖ Living arrangements
- ❖ Employment (except SJAA staff)
- ❖ Sexual orientation
- ❖ Relations with biological members, partners, or friends

I, _____, am volunteering my time to work with the South Jersey AIDS Alliance (SJAA). I understand that in the course of my work for SJAA, I may learn certain facts about clients, volunteers and employees of the SJAA that are of a highly personal and confidential nature.

I understand that all such information is completely confidential. I agree not to disclose any information of a personal and confidential nature to any person without the specific consent of the individual to whom the information pertains. If my volunteer job involves working directly with clients, I will learn in training and /or through supervision what information about clients I should report and to whom.

In case of doubt about a situation, I will first contact the staff person to whom I report, the office manager of the SJAA, or the Executive Director.

(Signature)

(Date)