



## 02.16.01 Volunteer Application

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Dear Applicant:

Thank you for considering AcadianaCares to be the agency for you to complete your Community or Volunteer Service hours. Every month AcadianaCares receives hundreds of hours of work completed by members of the community. Thank you for contributing your time and efforts to make the lives of our clients a little bit easier. It is through individuals donating their time that started AcadianaCares and it continues to be of need around the agency.

Please note that pursuant to federal law, AcadianaCares maintains a drug-free workplace. Staff members reserve the right to refuse entry to persons reasonably suspected of being under the influence of alcohol or other mood-altering substances. Such individuals will be asked to leave the premises to return - drug free and sober – at a later date.

AcadianaCares prohibits any verbal or physical abuse of clients, staff, or other volunteers, including language considered discriminatory, intimidating, or harassing. Violations of these will result in the termination of your volunteer or community service.

In order initiate Community or Volunteer Service you are required to complete the following steps and understand applicable agency rules, regulations, and guidelines. If you have any questions, please do not hesitate to ask.

### **Application**

Prior to starting Community or Volunteer Service, you will need to fill out an application specific to your request - either a Volunteer Application or Community Service application - and provide a valid photo identification (ID), such as a student ID, driver's license, passport, or state-issued ID.

### **Volunteer Confidentiality Agreement**

AcadianaCares is a community resource for many individuals. Client information is maintained in compliance to HIPAA guidelines, HRSA requirements and State laws regulating confidentiality. Confidential information may be something as simple as seeing someone on the property. Please read, review and sign the agency Volunteer Confidentiality Agreement and submit it with your application. If you have any questions, please do not hesitate to ask.

**By signing the Volunteer Confidentiality Agreement, you acknowledge that through your work at AcadianaCares you might come into contact with information viewed as confidential and you must maintain that confidentiality in accordance with State and Federal laws.**

**Any breach of confidentiality will result in termination of your community or volunteer service.**

**Violations of confidentiality deemed as serious offenses may result in an individual being banned from the AcadianaCares campus and can result in legal prosecution.**

### **Training**

Prior to beginning Volunteer Service you must attend AcadianaCares Health Education presentation,



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an overview of the agency expectations and requirements, and any additional training classes required for your assigned department. The training will be included in your total hours completed. The trainings are held at AcadianaCares located at 809 Martin Luther King Jr. Drive, Lafayette, Louisiana 70501. Trainings must be scheduled with the Volunteer Coordinator.

### Assignment

Once you complete the necessary paperwork and training you will be assigned to a department to complete your community or volunteer service hours. You will also be given the name of an AcadianaCares employee designated as your supervisor. This employee will give you specific information such as break or lunch times and will verify your quality of work, work completed, and other relevant information.

### Timekeeping (Signing In/Out)

Once you are assigned community or volunteer service, the Volunteer Coordinator will give you a schedule of days and times you will be expected to work. You will be expected to arrive at the scheduled time on your scheduled days.

You are responsible for accurately signing in and out. Unless otherwise arranged, you will report to the main building lobby to sign in on the visitor's log and the community service/volunteer work log. The visitor's log is located at the reception desk on a clip board. The work log is located in a white binder kept behind the front desk. When signing in you will receive a numbered badge. You must have this badge on you and kept visible at all time while you are on campus. **You must sign in on all logs in order to receive an accurate number of hours completed. If you do not sign in and out on all logs, you may not receive credit for all of your work. Any attempt to intentionally falsify hours worked will not be tolerated.**

### Dress Code

Please show up in clothing appropriate to your work assignment. Facility management assignments may include jobs where you get dirty. If you're unsure, please do not hesitate to ask. If you show up in clothing that is not appropriate for your assignment, you will be asked to leave and come back when you are appropriately dressed. For example, kitchen/food pantry assignment requires volunteers to wear long pants and closed-toe shoes.

**Required clothing for all work:** close-toed shoes, shirts, and underwear.

**Allowable clothing for some work:** Shorts which are knee length.

**Clothing NOT ALLOWED for any work:** Open-toed shoes, clothing with vulgar/inappropriate language or images, clothing related to drugs/alcohol, short skirts or shorts, tight clothing, ragged clothing with holes/rips, and clothing exposing underwear.

### Breaks

Breaks may be taken throughout the day. **You must sign out at the reception desk for every break you take.** Taking breaks without signing out may result in you being asked to leave for the day. When your work is finished, ask the supervisor to the crew you are assigned what else they have for you to do.



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If you're found with no work to be done, you will be assumed to be on a break. We will verify with your crew managers the number of breaks that were taken.

You may attend support group meetings held on campus (such as NA or AA) as long as you sign out. Smoke breaks are allowed, however they must be taken only in the designated smoking areas.

### Lunch

Unless you get specific approval to work through lunch and not take it, all crews will have a 30-minute break for lunch and it will be deducted from your total hours for the day. Lunches are available on site in our cafeteria for \$5.00 per meal. **If you plan to eat a cafeteria meal, please pay the receptionist \$5.00 before you go into the cafeteria to eat.** You also may bring your own lunch or eat lunch off site. In all cases, you must sign in and out at the front desk with the receptionist. We will verify with your crew supervisors if you were given approval to work through lunch. If you choose to have lunch off-site, please tell your crew supervisor and return in a timely fashion.

### Letters, Reporting and Hour Verification

If you were provided any reporting or verification paperwork to bring with you, please bring it with you every day you volunteer. It will be signed and completed on a daily basis. At the end of your community service, a copy of your sign in sheet(s) will be attached to your verification paperwork.

If you were not provided any type of reporting/verification paperwork, you may request a letter stating how many hours you have currently worked. Letters will include hours worked and a copy of your sign-in sheet(s).

**It is your responsibility to get necessary paperwork to us, from us, to whom you are required to report, and/or to report your volunteer/community service hours to the agency requiring it.**

AcadianaCares will verify your hours worked upon request from the agency.

**Copies of all applications, letters, hour verifications and sign in sheets will be kept on file. You will only receive credit for the hours you worked. Participation in work assignment will be verified. Any attempt to falsify through forging or misrepresentation of hours worked is in violation of AcadianaCares Policy 04.00, Ethical Standards, and will not be tolerated. Forging or misrepresentation of the hours worked will result in the termination of your work with AcadianaCares.**

After asking any questions you have, please sign and date the Acknowledgement of Volunteer Application Letter as verification you have read and understand what is expected. Please submit the letter with your application.

If you have any questions, you may contact the Volunteer Coordinator at 337-233-2437 ext. 109, Monday through Friday from 8:00 AM to 4:30 PM.

**Thank you!**



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### Acknowledgement of Volunteer Application Letter

This form verifies that I read the volunteer application information and understand the AcadianaCares rules, requirements, and guidelines to be followed while I am volunteering on campus. Rules include:

#### 1. Dress Code:

Required	Allowed (for some positions)	Not Allowed
<ul style="list-style-type: none"><li>• Close-toed shoes</li><li>• Underwear</li><li>• Shirts</li></ul>	<ul style="list-style-type: none"><li>• Knee-length shorts</li></ul>	<ul style="list-style-type: none"><li>• Vulgar or inappropriate language or images</li><li>• Drug/Alcohol references</li><li>• Short skirts or shorts</li><li>• Tight clothing</li><li>• Ragged, worn or hole-ridden clothing</li><li>• Clothing which exposes underwear</li></ul>

#### 2. Timekeeping:

- Signing in/out
- Breaks
- Lunch – Lunch is available in the cafeteria for \$5.00 (paid to the receptionist)

#### 3. Training

- HIV 101
- Department-specific training

#### 4. Volunteer Confidentiality Agreement

#### 5. Hour Verification

- Reporting
- Letter requests for community service

I understand I will only receive a report for the hours I have worked. Any attempt to falsify hours in any way will not be tolerated and will result in termination of my volunteer work with AcadianaCares.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



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### Volunteer Confidentiality Form

**Please read and be sure that you understand before signing this form. If you have any questions, please contact the Volunteer Coordinator. Confidentiality is of the utmost importance.**

I, \_\_\_\_\_, am volunteering my time to work for AcadianaCares. I understand that in the course of my work I may learn facts about individuals served by the agency that are personal and confidential. Examples include medical conditions and treatments, finances, living arrangements, sexual orientation, and relations with family members. I further understand that all such information is completely confidential. I will not disclose any personal or confidential information to any person not also affiliated with and authorized by AcadianaCares to have such information without the specific consent from the individual to whom such information pertains.

I understand that failure to follow this policy will result in termination as an AcadianaCares volunteer.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



**02.16.01 Volunteer Application**

**Community Service Volunteer Application**

**This page is meant for court ordered community service only. Volunteers, please skip to Page 7.**

(Please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we contact you at home? Yes \_\_\_\_\_ No \_\_\_\_\_ At work? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How many hours of Community Service are you required to serve? \_\_\_\_\_

When are your hours due to be completed? \_\_\_\_\_

Who referred you to this organization? \_\_\_\_\_

Please give name, address and phone number of the organization to whom your Community Service hours are to be reported.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have any personal experience with anyone with an HIV or AIDS diagnosis?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURT ORDERED COMMUNITY SERVICE APPLICANTS, STOP HERE.**

**OFFICE USE ONLY**

Date of Application: \_\_\_\_\_

Training Completion Date: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Date of Completion: \_\_\_\_\_



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### Volunteer Application

Dear Volunteer Candidate,

When AcadianaCares receives your completed application we will contact you to schedule an appointment at your convenience to discuss volunteer opportunities. The process is:

1. Complete and sign the attached volunteer application and confidentiality forms.
2. Select your interests on the Volunteer Opportunities Sheet.
3. Submit all three completed forms:
  - Mail to AcadianaCares at P.O. Box 3865, Lafayette, Louisiana, 70502-3865
  - Deliver them in person to our office at 809 Martin Luther King, Jr. Drive
  - Submit electronically to [michael@acadianacares.org](mailto:michael@acadianacares.org)
4. Meet with the Volunteer Coordinator to discuss your application, program interests, training, and potential placement.

As a volunteer, you are eligible to receive the monthly newsletter, an invitation to an annual volunteer banquet, and free trainings and seminars. For details and additional information, please contact the Volunteer Coordinator at 337-233-2437 ext. 109.

To protect the confidentiality of our clients and their families we follow the above-mentioned protocol for all volunteers. We look forward to your association with AcadianaCares.

Sincerely,

Michael Blanchet  
Volunteer Coordinator  
[michael@acadianacares.org](mailto:michael@acadianacares.org)



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**Volunteer Application Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

May we contact you at home? Yes \_\_\_\_\_ No \_\_\_\_\_ At work? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Work History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list other volunteer program(s) in which you have been involved: \_\_\_\_\_

\_\_\_\_\_

Hobbies, skills and activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate all times and days that you are available:

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

How did you find out about AcadianaCares? \_\_\_\_\_

\_\_\_\_\_

Do you have transportation? Yes \_\_\_\_\_ No \_\_\_\_\_





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Do you have personal experience with anyone living with an HIV/AIDS diagnosis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you have personal experience with anyone who has had issues with homelessness or substance use?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Is there anything else that you would like us to know? \_\_\_\_\_  
\_\_\_\_\_

Do you wish to receive our newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list three references, including their phone number, who you have known at least one year:

<u>Name</u>	<u>Phone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____

### Student Community Service Volunteers

**If you are a student community service volunteer:**

How many hours are you required to serve? \_\_\_\_\_

Who referred you to this organization? \_\_\_\_\_

Please give name, address, and phone number of organization to whom your volunteer hours are to be reported.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

**OFFICE USE ONLY**

Date of Application: \_\_\_\_\_

Training Completion Date: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Volunteer Opportunities

Below are descriptions of available volunteer opportunities. Please check programs that interest you. The Volunteer Coordinator will provide more details when you meet.

#### Opportunities

Community Education: Help AcadianaCares provide educational presentations to the general public. Prior public speaking experience is a plus but not necessary.

Yes \_\_\_\_\_ No \_\_\_\_\_

Street Outreach: Help the AcadianaCares outreach team distribute risk reduction information and materials in community settings.

Yes \_\_\_\_\_ No \_\_\_\_\_

HIV Testing and Counseling: AcadianaCares provides free, anonymous HIV testing and pre and post-test counseling to the general public.

Yes \_\_\_\_\_ No \_\_\_\_\_

Administrative Help: Help with special projects, mail-outs and answering the telephone.

Yes \_\_\_\_\_ No \_\_\_\_\_

Health Fairs: Distribute brochures and answer questions at local health fairs.

Yes \_\_\_\_\_ No \_\_\_\_\_

Food Pantry: Organize, coordinate, and plan pick-ups and deliveries.

Yes \_\_\_\_\_ No \_\_\_\_\_

#### Trainings

Volunteer opportunities require HIV/STD 101. Additional trainings may include tools for working with disabled clients, psychosocial needs of people living with HIV, death and grief, and risk reduction counseling.

#### Committees

Please indicate if you are interested in serving on any of the following committees:

<b>Advocacy</b>	Yes _____ No _____
<b>Community Relations</b>	Yes _____ No _____
<b>Fundraising</b>	Yes _____ No _____
<b>Human Resources</b>	Yes _____ No _____
<b>Volunteer Steering</b>	Yes _____ No _____