



# ACADIANA C.A.R.E.S.

CONCERN FOR A.I.D.S. RELIEF EDUCATION AND SUPPORT

P.O. BOX 3865 • LAFAYETTE, LA 70502-3865

(337) 233-2437 • (800) 354-2437 • FAX (337) 235-4178

website: [www.acadianacares.org](http://www.acadianacares.org)

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

1. Complete the attached volunteer application and confidentiality forms, sign them, and check your interests on the Volunteer Opportunities Sheet.
2. Mail the three forms to CARES at P.O. Box 3865, Lafayette, Louisiana, 70502-3865, hand deliver them to our office at 809 Martin Luther King, Jr. Drive, or submit it electronically.
3. Meet with the Volunteer Coordinator, Kristen Kahanek, to discuss your application, program interests, training and placement.

As a volunteer, you are eligible to receive the monthly newsletter, an invitation to the annual volunteer banquet, and free trainings and seminars. For details and additional information, please contact the Volunteer Coordinator, Kristen Kahanek at 337-233-2437 ext. 116.

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 Acadiana CARES.

Sincerely,  
Kristen Kahanek, M.S.  
Volunteer Coordinator  
[kristen@acadianacares.org](mailto:kristen@acadianacares.org)  
[www.acadianacares.org](http://www.acadianacares.org)

**Volunteer Application Form**

(Please fill in on your computer and print, or print and handwrite in print.)

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 times and days you are available:

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

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

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

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

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain briefly: \_\_\_\_\_  
\_\_\_\_\_

Do you have personal experience with anyone that has experienced homelessness or substance

abuse? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain briefly: \_\_\_\_\_  
\_\_\_\_\_

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

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

Please give the name and phone number of three references that have known you for at least one year:

Name	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

**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

***Date of application:*** \_\_\_\_\_

Date of completion: \_\_\_\_\_

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

Date reviewed HIV 101 Info: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Volunteer Opportunities

Below are volunteer opportunities and short descriptions of each. The Director of Prevention/Education will go into more detail when you meet. Please check programs that interest you.

### Opportunities

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

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

Street Outreach: Help CARES Outreach Team conduct prevention activities on the street in community settings including distribution of risk reduction information and materials.

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

HIV Testing and Counseling: CARES 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: Hand out 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 may require HIV/STD 101, trainings on tools for working with disabled clients and the psychosocial needs of people dealing with HIV, death and grief, and risk identification and counseling.

**Committees**: Please indicate if you are interested in serving on the below committees if invited to join.

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

## Volunteer Confidentiality Form

[Please read and make sure that you understand before signing. If you have any questions, please contact the Director of Prevention/Education. Confidentiality is of the utmost importance,]

I, \_\_\_\_\_, am volunteering my time to work for

Acadiana CARES. 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 CARES, and authorized by CARES to have such information, without the specific consent of the individual to whom such information pertains.

I understand that failure to follow this policy will result in termination as a CARES volunteer.

Printed name: \_\_\_\_\_

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

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