



AcadianaCares
A NETWORK FOR HEALTHY LIVING

809 Martin Luther King Jr. Drive | Lafayette, LA 70501
P: 337.233.2437 | F: 337.235.4178 | acadianacares.org

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 those from 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.

In order to complete your Community or Volunteer Service, there are a few things that will need to be done before you get started. The following are the rules and regulations of the Agency as well as the requirements and guidelines that are to be followed.

Application

Prior to starting your Community or Volunteer Service, you will need to fill out an application that is specific to your request (you may ask for either a Volunteer Application or Community Service application) and provide a valid picture ID (Student ID, Driver's License, State ID, etc.).

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 that regulate Confidentiality. **By signing the Volunteer Confidentiality Agreement, you acknowledge that through your work at AcadianaCares you might come into contact with information that is viewed as "Confidential" and you must maintain that confidentiality in accordance with State and Federal Laws.** (This may be something as simple as seeing someone on the property.) Please read, review and sign this agreement and if you have any questions please do not hesitate to ask. Any breaching of confidentiality is a violation of this agreement and will result in the termination of your contract of Community or Volunteers Services.

Training

Before you are able to begin your Community or Volunteer Service hours, you must attend a training that will be specific to what department you will be working in. This training will include a HIV 101 presentation, an overview of the agency expectations and requirements and any additional training classes that will vary depending on what department you are assigned to. The training will be included in your total hours completed. The trainings are held at AcadianaCares located at 809 Martin Luther King Jr. Dr., Lafayette, LA 70501. Trainings must be scheduled with the Volunteer Coordinator.

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 who will need to be informed of specific information such as breaks or lunches and will be used to

verify quality of work, work completed, and other relevant information. *(Please note that pursuant to federal law, AcadianaCares maintains a drug-free workplace. Staff members reserve the right to refuse services 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. Additionally, there is no verbal, harassing or physical abuse of staff, clients, or other volunteers. Violations of these will result in the termination of services.)*

Here is what to expect when you come in for your Community or Volunteer Service hours:

Time Keeping (Signing in/out)

Once you are assigned Community or Volunteer Service you will be given a schedule (Time/days) that you will be expected to work. (This will be scheduled with the Volunteer Coordinator.) On the days that you come to the office to do your Community or Volunteer Service hours, you will be expected to show up at the scheduled time. Upon arrival you will need to come into the lobby of the main building and sign in on the visitor's log, and the community service/volunteer work log. (The visitor's log is located at the front desk on a clip board; the work log is located in a green binder on the front desk.) When you sign in you will receive a numbered badge that you need to have on you at all times while working. It is extremely important that you sign in on both in order to receive an accurate number of the hours that you served. If you do not sign in or out, we cannot assume how long you worked and may not be able to give you credit if we cannot find out the time you came in, breaks taken, or the time you left. Also it is important that you keep an accurate log of when you sign in and out. Any attempt to intentionally falsify hours worked will not be tolerated.

Dress code

Please show up in clothing that is appropriate to where you will be assigned. (No open toe shoes are allowed for any department.) If you're unsure, please do not hesitate to ask. If you show up in attire that is not appropriate for where you will be working, you will be asked to come back when you are appropriately dressed. For example, Kitchen/Food Pantry assignment requires closed toe shoes and long pants. Facility Management assignment can range in jobs where you might get dirty. No shirts with vulgar or inappropriate language. Clothing must not be obscene or offensive. Shorts must come down to knees. Pants may not be worn sagging. Sandals, flip flops, and open toed shoes are not allowed. If you show up to report for work and you are not dressed appropriately, you will be asked to leave.

Breaks

Breaks may be taken throughout the day, but keep in mind that they are taken out in fifteen (15) minute increments from your daily hours. For any breaks you take, you need to sign out at the front desk. If you wish to attend meetings that are held on the property (such as NA or AA) you may do so as long as you sign out. Smoke breaks are allowed, however they must be in the designated smoking areas. All breaks need to be documented at the front desk. When your work is finished, ask your crew manager to which you are assigned what else they have for you to do. 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. Consistently taking breaks without signing out may result in you being asked to leave for the day.

Lunch

Unless you get specific approval to work through lunch and not take it, all crews will have a break for lunch (typically one-30 minute break) and it will be deducted from your total hours for the day.

Lunches are available on site in our cafeteria for \$5 per meal if you wish to eat here. If you wish to eat from the Cafeteria, please pay the receptionist \$5 before you go into the cafeteria to eat. You may also bring your own lunch, or you may wish to eat off site. But you must sign in and out at the front desk with the receptionist. We will verify with your crew managers if you were given approval to work through lunch. Please make sure that your crew manager knows that you will be coming back (if you choose to go off site) 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 that you show up. 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, at your request we will write a letter at stating how many hours you have currently worked. It will include the hours and a copy of your sign in sheet(s).

It is your responsibility to get necessary paperwork to us (or from us) and to whom you need to report to and report what you have worked to the agency that is requiring it. We will, however, verify any hours worked upon request from the agency

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

After reading this letter and asking any questions that you may have, please sign and date the attached last page (Acknowledgement of Volunteer Application Letter) as verification that you have read and understand what is expected. Please return the Acknowledgement of Volunteer Application Letter when you return to submit your application.

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

Thank you,



Michael Blanchet
Volunteer Coordinator

Acknowledgement of Volunteer Application Letter

This verifies that I have read and received the letter for all volunteer applications that includes the rules and regulations of the Agency as well as the requirements and guidelines that are to be followed while performing volunteer work.

I also understand the rules and procedures for:

Appropriate dress code

- No shirts with vulgar or inappropriate language.
- Shorts must come down to knees.
- Clothing must not be obscene or offensive.
- Pants may not be worn sagging.
- Sandals, flip flops, and open toed shoes are not allowed.

Time Keeping

- Signing in/out
- Breaks
- Lunch

Lunches provided by Cafeteria are \$5

Training Requirements

- HIV 101
- Department Specific training

Volunteer Confidentiality Agreement

- Maintenance of confidentiality

Letters, Hour Verification and Reporting

I further understand that I will only be given a report for the hours that I worked and any attempt made to falsify through forging or misrepresentation the actual hours reported will not be tolerated and will result in the termination of my work with AcadianaCares.

Print Name

Date

Signature



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Volunteer Confidentiality Form

[Please read and make sure that you understand before signing. 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 AcadianaCares, and authorized by AcadianaCares 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 an AcadianaCares volunteer.

Printed name: _____

Signature: _____

Date: _____

COMMUNITY SERVICE VOLUNTEER APPLICATION

(This page is only meant for court ordered community service only. Volunteers, 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 explain briefly: _____

Is there anything else you would like us to know?

COURT ORDERED COMMUNITY SERVICE APPLICANTS, STOP HERE.

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OFFICE USE ONLY

Date of Application: _____

Date of Completion: _____

Date Reported: _____

Date Viewed AIDS 101 Video: _____



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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 the attached volunteer application and confidentiality forms, sign them, and check your interests on the Volunteer Opportunities Sheet.
2. Mail the three enclosed forms to AcadianaCares at P.O. Box 3865, Lafayette, Louisiana, 70502-3865, hand deliver them to our office at 809 Martin Luther King, Jr. Drive, or submit the forms electronically.
3. Meet with the Volunteer Coordinator, Michael Blanchet, 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, Michael Blanchet 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

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 AcadianaCares? _____

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 Volunteer Coordinator will go into more detail when you meet. Please check programs that interest you.

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 AcadianaCares 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: 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: 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 committees listed below, if invited to join.

Advocacy Yes _____ No _____

Community Relations Yes _____ No _____

Fundraising Yes _____ No _____

Human Resources Yes _____ No _____

Volunteer Steering Yes _____ No _____