



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

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 enclosed forms to Acadiana 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 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 Acadiana CARES.

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 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: _____

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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 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.

Advocacy	Yes _____	No _____
Fundraising	Yes _____	No _____
Community Relations	Yes _____	No _____
Human Resources	Yes _____	No _____

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 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: _____