

www.acadianacares.com

Dear Volunteer Applicant:

Thank you for expressing an interest in volunteering with Acadiana C.A.R.E.S. Please complete the attached application and sign the confidentiality agreement.

Once Acadiana C.A.R.E.S. receives your completed application, the Director of Development and Community Outreach will call to schedule an appointment at your convenience. At this time, we will discuss in detail some of the Volunteer Programs such as HIV counseling, education, etc. To volunteer, the following basic requirements are necessary:

1. Complete the attached volunteer application, read and sign the confidentiality form, and check appropriate interests on the Volunteer Opportunities Sheet.
2. Mail the application back to C.A.R.E.S. at P.O. Box 3865, Lafayette, La 70502-3865 or hand deliver to our office at 809 Martin Luther King Drive.
3. Meet with the Volunteer Coordinator to discuss your application, program interest, training and placement.

As a volunteer, you are eligible to receive the monthly newsletter (which covers informative editorials, upcoming trainings, and other volunteer opportunities), and an invitation to the annual client/volunteer appreciation party. We look forward to your association with Acadiana C.A.R.E.S. and your desire, interest and compassion to the HIV/AIDS issues of our community. If there are any questions or concerns please feel free to contact my office at 337-233-2437 ext. 44.

Sincerely,

Anthony James
Director of Development and Community Outreach
Acadiana C.A.R.E.S.

Volunteer application

ACADIANA C.A.R.E.S.

Volunteer Confidentiality Form

[Please read and make sure that you understand before signing. If you have any questions, please contact the Coordinator of Volunteers. We at Acadiana C.A.R.E.S. consider confidentiality of the utmost importance,]

I, _____, am volunteering my time to work for

Acadiana C.A.R.E.S. I understand that in the course of my work for C.A.R.E.S. I may learn certain facts about individuals being served by this organization that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment finances, living arrangement, sexual orientation, relations with family members, and the like. I further understand that all such information must be treated as completely confidential. I agree not to disclose any information of personal and confidential nature to any person not also affiliated with Acadiana C.A.R.E.S., and authorized by C.A.R.E.S. to have such information, without the specific consent of the individual to whom such information pertains.

Non-adherence to this policy will result in termination as an Acadiana C.A.R.E.S. volunteer.

Signature: _____

Date: _____

ACADIANA C.A.R.E.S

Volunteer Application Form

(Please print)

Name: _____

Address: _____
_____ ZIP: _____

Date of birth: _____ Ethnicity: _____

Home 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 any volunteer program(s) you may have been involved: _____

Hobbies, skills, and activities _____

Please indicate times and days you are available: _____

How did you find out about C.A.R.E.S.? _____

Do you have transportation? _____

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 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:

1. _____
2. _____
3. _____

ACADIANA C.A.R.E.S.

Volunteer Opportunities Sheet

Listed below are possible volunteer opportunities with a short description of each. The Coordinator of Volunteers will go into more details at the time of your meeting. Please check those programs that you may be interested in.

EDUCATION: Volunteers are trained to provide educational presentations to the general public. Prior experience with public speaking is a plus but not necessary.

TRAINING: In addition to AIDS 101, you will need to attend a specific training for educators that is usually held on a Saturday. Yes _____ No _____

HELPING HANDS: A team approach to provide emotional, spiritual, and practical support to clients.

TRAINING: In addition to AIDS 101, you will be required to attend a training session (approx. 6 hours) to include psycho-social issues of HIV, death, and grief. You will learn special tools to help support a disable client. Yes _____ No _____

FAMILY SERVICES: All contact with children will require fingerprinting.

Yes _____ No _____

TRAINING: Required to attend a day- long AIDS 101 class.

HIV COUNSELING: C.A.R.E.S. offers free anonymous HIV testing and pre and post-test counseling to the general public.

TRAINING: AIDS 101 and two (2) days of training to identify high risk behavior and counseling the client in risk reduction. Yes _____ No _____

ADMINISTRATIVE HELP: Volunteers are needed to pitch in and help with special project, mail-outs and answering the telephone.

TRAINING: AIDS 101 is required. Yes _____ No _____

HEALTH FAIRS: Volunteers are needed to hand out brochures at local health fairs.

TRAINING: AIDS 101 Yes _____ No _____

OUTREACH ACTIVITIES: Volunteers are trained to address questions and concerns about HIV transmission and prevention in non-traditional setting
Training: AIDS 101 and a 2-hour outreach training session.

FOOD PANTRY: Volunteers are occasionally needed to organize, coordinate, and make pick-ups or delivery of food items.

TRAINING: AIDS 101 is available, but not required, Yes ____No _____

FOOD DELIVERY: Volunteers are occasionally needed to deliver food pantry to clients who are unable to pick up, due to illness,

TRAINING: AIDS 101 required. Yes _____No _____

COMMITTEES: Listed below are several committees which volunteers are invited to join:

PLANNING Yes _____No _____

FUND-RAISING Yes ____No _____

TRAINING Yes ____No _____ (AIDS 101, not required)

COMMUNITY RELATIONS Yes _____No _____

HUMAN RESOURCE Yes _____No _____

ACADIANA C.A.R.E.S.

COMMUNITY SERVICE VOLUNTEER APPLICATION

(Please Print)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of birth: _____ Ethnicity: _____

Home phone: _____ Work phone: _____

May we contact you at home? Yes _____ No _____ at work? Yes _____ No _____

Emergence contact person:

Name: _____

Address: _____

Phone: _____

How many hours of community service are you required to serve? _____

Who referred you to this organization? _____

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

Name: _____

Address: _____

Phone number: _____

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 want us to know?

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OFFICE USE

Date of application: _____

Date of completion: _____

Date reported: _____

Date viewed AIDS 101 Video: _____

ACADIANA C.A.R.E.S.

STUDENT VOLUNTEER APPLICATION

(Please Print)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of birth: _____ Ethnicity: _____

Home phone: _____ Work phone: _____

May we contact you at home? Yes ___ No ___ at work? Yes ___ no ___

Emergency contact person:

Name: _____

Address: _____

Phone number: _____

How many hours of volunteer service 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: _____

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 want us to know? _____

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OFFICE USE

Date of application: _____

Date of completion: _____

Date reported: _____

Date viewed AIDS 101 video: _____