

alpha

EDUCATE TEST • SUPPORT

Volunteer Application

First Name: _____ Last Name: _____ Date: ____/____/____

Email Address: _____ Birthday: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Text Messaging: Yes No

Why would you like to volunteer with a.l.p.h.a.? _____

What knowledge/experience would you like to gain by volunteering? (Choose top 2-3)

- Leadership
 Socializing
 Education
 Event Coordination
 Fundraising
 Other _____

List any special skills/previous experience you have: _____

How did you hear about a.l.p.h.a.? _____

How often each week/month would you like to help? _____

Favorite Color _____ Favorite Song _____

Below are our office shifts.: Please indicate all shifts you are available and interested in.

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 11am-2pm
<input type="checkbox"/> 2pm-5pm	<input type="checkbox"/> 2pm-5pm	<input type="checkbox"/> 2pm-5pm	<input type="checkbox"/> 2pm-5pm	<input type="checkbox"/> 2pm-5pm
<input type="checkbox"/> 5pm-8pm	<input type="checkbox"/> 5pm-8pm	<input type="checkbox"/> 5pm-8pm	<input type="checkbox"/> 5pm-8pm	<input type="checkbox"/> 5pm-8pm

In addition to the office volunteer position, please check any other areas of a.l.p.h.a. that you would like to be a part of:

- Events Planning
 HIV Testing
 Facilitating Trainings
 Food Pantry (12pm-3pm)
 Condom Raids
 Fundraising
 Other _____



ALLIES LINKED FOR THE PREVENTION OF HIV AND AIDS
VOLUNTEER CONFIDENTIALITY
AGREEMENT

I, _____ (print full name) agree to maintain absolute confidentiality of all Allies Linked for the Prevention of HIV and AIDS (a.l.p.h.a.) confidential information.

Confidential and/or sensitive information generally pertains to any matters concerning the individuals seeking and or receiving services from a.l.p.h.a. and all a.l.p.h.a.'s volunteers and/or volunteer staff and programs.

I understand that as an a.l.p.h.a volunteer, I have access to certain sensitive information about a.l.p.h.a.'s clients, contracts, policies, procedures and volunteers. Therefore it is my responsibility to:

- 1. Protect the privacy of individuals and families seeking/receiving services through a.l.p.h.a.'s programs and volunteers.
2. Refrain from discussing confidential matters pertaining to the office, the program I am working for or other a.l.p.h.a. programs with (or in the presence of) non-a.l.p.h.a. persons.
3. Limit my access to confidential information to that for which I have a work-related need.

I understand that I am being held to a higher standard as an a.l.p.h.a. volunteer. As a volunteer, I will come in contact with many people, each one of these visits is confidential and may not be disclosed or discussed with anyone.

I agree that I shall not during, or at any time after the termination of my service with a.l.p.h.a. disclose or divulge any confidential information from observations, conversations, correspondence, personal records, clerical materials or interactions with any individuals seeking/receiving services through a.l.p.h.a. or any of its partner agencies.

I understand that I may not disclose any confidential information to a member of law enforcement. If I am approached by someone, claiming to be a law enforcement official, I will inform them that I can "neither confirm nor deny that this individual is a client of a.l.p.h.a." Law enforcement can only receive such information with a warrant or subpoena. If a warrant or subpoena is present, I will follow these procedures:

- Inform the law enforcement official that I do not have access to such information, and that I must contact the Executive Director.
• Immediately call the Executive Director for further instructions.
• If I am unable to reach the Executive Director, I will give the law enforcement representative his/her contact information and inform the official that they must speak with the Executive Director in order to obtain the information.
• DOCUMENT EVERYTHING - Fill out an incident report; and email it to the Executive Director and any appropriate staff members.

If you have any questions regarding the confidentiality or disclosure, speak with your direct supervisor or the Executive Director.

Any breach of confidentiality will be considered a violation of Policy and Procedure and will require disciplinary action, up to termination of my services with a.l.p.h.a.
Flagrant violations may require the involvement of outside law enforcement authorities, in accordance with all applicable federal, state, and local laws.
By signing this form I am authorizing a.l.p.h.a. to keep records regarding my behavior, volunteer/work performance or violations of a.l.p.h.a. policy.

I have read, understand, and agree to the Confidentiality Agreement and agree to comply.

a.l.p.h.a. volunteer signature: _____ Date: _____

a.l.p.h.a. supervisor signature: _____ Date: _____