

AIDS COMMUNITY SERVICES OF WESTERN New York, INC.

The Victorian House

200 S. Elmwood Avenue, Buffalo, New York 14201

(716) 332-2268

E-mail address: volunteer@AIDSCOMMUNITYSERVICES.com

Volunteer Application

AIDS Community Services of Western New York, Inc. was founded in 1983 by volunteers who continue to play a vital role in carrying out the agency's mission to provide education and supportive services to people of Western New York affected by HIV and AIDS.

The information in this application will assist us in selecting and placing volunteers. Please complete the entire application and forward to AIDS Community Services. All information you provide is kept confidential. As a benefit to volunteering at AIDS Community Services, you will be placed on a volunteer mailing list to receive our agency publication, Pathways, and information on future volunteer opportunities. If this presents a problem, please notify the Volunteer Coordinator.

The staff members of the Volunteer Services office will call you to arrange an interview.

~Thank you for your interest in AIDS Community Services!

Name _____

Home Address _____

Street

Apt #

City

State

Zip

Mailing Address _____

(If different from home address)

City

State

Zip

Date of Birth: Month _____ Day _____ e-mail address _____

Home Telephone _____ Discretion? ___ yes ___ no

Mobile Telephone _____ Discretion? ___ yes ___ no

Work Telephone _____ Discretion? ___ yes ___ no

Emergency Contact: Name _____ Phone _____

Address _____ Relationship _____

Employment History

Please provide information on your employment history, volunteer experience and educational background starting with most recent employment first.

Employer	Title/Position	Dates	Reason for leaving

Volunteer Experience

Agency/Organization	Description of Work	Dates	Reason for leaving

Educational Background

School	Degree/Diploma	Dates	Awards

Do you have a valid driver's license? ___ no ___ yes
 Do you own or have access to a car? ___ no ___ yes
 Do you speak another language? ___ no ___ yes _____

Are you willing to make a one-year commitment to volunteering at AIDS Community Services?
 ___ yes ___ no _____

Do you have any health-related problems or physical limitations that we should be aware of?
 ___ no ___ yes _____

A criminal check may be required before you are placed as a volunteer at AIDS Community Services. However, a criminal conviction does not necessarily preclude an individual from volunteering at our agency. Have you ever been convicted of a criminal activity? ___ no ___ yes

If yes, please explain:

Availability

Tuesday through Friday 9 a.m. to 5 p.m. Mondays 5 p.m. to 8:30 p.m. Weekends

Please specify: _____

Approximately how many hours would you like to volunteer per week? _____

Are you volunteering to fulfill a school or community service requirement? no yes

If so, please specify the number of hours required to fulfill your commitment. _____

Volunteer Opportunities

What office are you applying for: **BUFFALO** **JAMESTOWN** **NIAGARA FALLS**

Please check the areas below that you are interested in volunteering in:

Regular Volunteer Activities

- Acupuncturist
- Advertising Sales Representative
- Big Buddy (Mentor)
- Mentor Team Member
- ~~Charity Bingo Volunteer~~
- Community Education Volunteer
- Community Outreach Volunteer
- Computer Specialist
- Counselor and Group Leaders
- Delivery Person
- Food Pantry Program
- Finance Assistant
- Gay/Lesbian Outreach
- General Office Assistant
- Graphic Artist
- Library/Resource Assistant
- Massage Therapist
- Medical Assistant
- Personal Grocery Shopper**
- Photographers, writers,
illustrators and artists
- Receptionist/Telephone work**

Occasional Activities

- Flyer Distribution
- Health Fair Volunteers
- Mending of the Hearts Memorial
Project Committee Members

Special Events

- AIDS Walk 2008 (5/31)
- Gay & Lesbian Pride Activities
- Gift Wrap at Local Malls 2008**
- Dining Out For Life 2008 (4/29)
- Empire State AIDS Ride (8/08)

Please indicate any special skills you have or areas of work you would like to be involved in that are not listed on this application:

Please explain why you would like to become a volunteer for AIDS Community Services.

Two personal or professional references are required to volunteer at AIDS Community Services. Please list your references below and a "Volunteer Reference Check Form" will be mailed to them. Your signature below will release the person providing your reference from liability in responding to questions on the form. Your application will not be considered complete until the Reference check forms are submitted to the Volunteer office for your file. Your reference should include someone not related to you.

Signature _____

Date _____

Name of two Personal or Professional References:

Name of reference

phone number

Address

City

State

Zip Code

Name of reference

phone number

Address

City

State

Zip Code

If you are under 18 years of age, the signature of your parent or legal guardian is required to volunteer:

Signature of Parent/Guardian _____

Relationship to Volunteer _____ Phone Number _____

Thank you for completing this application. Please read, sign and date the attached confidentiality statement and forward to:

AIDS Community Services
Community Services
Eugene Abrahamson-Director of *Volunteer Services*
Abrahamson-Director of *Volunteer Services*
Volunteer Services
The Victorian House
House
200 S. Elmwood Avenue
Avenue
Buffalo, NY 14201



*There are some trees that seem to die at the end of autumn.
There are also the evergreens.*

~Gilbert Maxwell.

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PLEDGE OF CONFIDENTIALITY FOR VOLUNTEERS

ENDURING PLEDGE OF CONFIDENTIALITY

I, _____, understand that in the course of my volunteer work for AIDS Community Services of Western New York, Inc. (hereafter referred to as "ACS"), I may learn certain facts about individuals being served by ACS that are of a highly personal and confidential nature. Examples of such information are medical condition, medical and counseling treatment, finances, living arrangements, sexual orientation, relations with family members, and the like. I understand that all such information must be treated as completely confidential as required by Article 27-F of New York State Public Health Law (Art. 27-F) and the Health Insurance Portability and Accountability Act (HIPAA). I agree not to disclose any information of personal and confidential nature to any person not authorized by ACS to have such information, without the specific consent of the individual to whom such information pertains.

I acknowledge that I have read this statement related to confidentiality, and fully understand that any breach of confidentiality as herein defined in regard to any individual or family being served by ACS shall preclude any further service with ACS. I also understand that this commitment of confidentiality remains even after such time as I may no longer be an employee, contractor, volunteer, or intern of AIDS Community Services of Western New York, Inc.

DATE _____ SIGNATURE _____