

Name: _____

Address: _____

City/Prov./PC: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Primary Email: _____

Secondary Email: _____

Month and Day of Birth: _____

Please complete all parts of this form. Please print or type. This form will remain on file in Volunteer Services. All volunteer information and files are kept strictly confidential, available only to authorized AIDS Saint John staff and volunteers who have signed a confidentiality agreement. If you have any questions about this application, please call 652-2437 or by email: volunteers@aidssaintjohn.com.

A) Have you ever been convicted of a criminal offence for which you have not been pardoned?
Yes No If answered yes, applicants may still be considered for a volunteer position

B) How did you hear about AIDS Saint John?

C) Why are you interested in volunteering for AIDS Saint John?

D) Do you have any fears or concerns about HIV/AIDS?

E) We work with diverse populations such as persons living with HIV/AIDS, young people, injection drug users, gay men, Aboriginal persons, etc. Sensitivity to diverse individuals and populations is essential. Are you comfortable working with diverse groups? Please explain.

F) How would you rate your level of comfort discussing sexuality? (1= very difficult, 10 = no difficulty)
1 2 3 4 5 6 7 8 9 10
Please explain.

G) Highest **Completed** Level of Education (please check):

- Highest Grade Completed University Undergraduate
 Community College University Masters/ PhD

H) Please list any specialized training (professional degree, CPR, computer courses, certificates, etc.):

I) Please indicate any languages that you know. Include whether you can read, write, and/or speak these languages.

J) Please indicate your areas of volunteer interest:

1 = most interest to 5 = least interest

Board of Directors: The Board governs on behalf of the organization's membership and is responsible for policy direction.

Committees: Education Committee, Funds Development, Nominating Committee.

Speakers: A Person living with HIV/AIDS and/or worker at our education/information displays at schools, conferences and workshops.

___ **Walk in Programs:** general office support work, Needle Exchange Program, and distribution of condoms

___ **Special Events/Funds Development:** involved in special events such as the AIDS Walk and/or in fundraising for the organization

___ **Resource Centre/Library:** manage resource library, update bulletin boards, and assist with providing relevant and current information sheets, pamphlets, posters and related materials

___ **Translation:** translate documents usually from English to French

___ **Ambassador:** provide outreach in other communities around the province through the distribution of resources and the promotion of membership in the organization.

___ **Peer Support:** provide support to another peer for either a person living with HIV/AIDS or their caregiver, or a gay, lesbian, or bisexual person (volunteer must self identify with one of these groups)

___ **Special Projects:** work on a special project under the direction of the organization; either based on the volunteer's initiative that responds to a need within the organization or a project undertaken by the organization.

Please include **one personal** and **one professional** reference if possible.

Name: _____

Telephone (home): _____ (work): _____

Name: _____

Telephone (home): _____ (work): _____

Applicant's Signature

Date

Please sign confidentiality form on reverse.

For Office use only	
Date of Interview: _____	Time: _____
Referred by: _____	
Approved: Yes First date to volunteer: _____	Area: _____
No Reason: _____	
Volunteer Coordinator's Signature: _____	

**AIDS Saint John Inc.
Confidentiality Guidelines**

AIDS Saint John is committed to ensuring confidentiality to all those who come to us for information, support or referral to other agencies. While, as part of our service delivery, it is necessary to share information with others within the workplace, the underlying principle is that all personal and health information related to an individual must be treated as confidential. All staff, volunteers and clients are required to read the guidelines on confidentiality. Violations of the guidelines on confidentiality by staff, volunteers or a client can result in dismissal from the organization.

1. While working, volunteering or as a client with AIDS Saint John, you may have access to personal and/or health information regarding other persons associated with the organization (clients, members, employees or fellow volunteers). Such information, even when voluntarily shared, is privileged information and must be treated as confidential.
2. All information of a confidential nature that is given, read observed, overheard or otherwise acquired must be held as privileged information.
3. Staff, volunteers and clients must not carry on a conversation about service users of AIDS Saint John in the presence of persons who have no official need to know.
4. Staff, volunteers and clients must avoid discussing AIDS Saint John contacts/client names, and/or circumstances in elevators, restaurants, movie theatres, lunchrooms, etc.
5. Staff, volunteers and clients must be careful about greeting contacts/clients in a public place in such a way as to reveal to others that they are HIV+, have AIDS, etc.
6. Information about a client, even if not specified by client, must not be disclosed to family members, partners/significant others or friends.
7. Disclosure of privileged information must occur only with the informed consent of the person who gave the information in confidence. When in doubt, consult the AIDS Saint John team.
8. Confidentiality extends not only for the duration of time you are volunteering, working for or a client of, but also continues indefinitely once the relationship with AIDS Saint John has ceased.

I HAVE READ THE POLICY ON CONFIDENTIALITY AND UNDERSTAND ITS INTENT AND LIMITATIONS. I HEREBY AGREE TO PROTECT ALL CONFIDENTIAL INFORMATION ACQUIRED IN THE COURSE OF MY INVOLVEMENT WITH AIDS SAINT JOHN. I WILL DISCLOSE CONFIDENTIAL INFORMATION ONLY WHEN AUTHORIZED TO DO SO BY THE BOARD OF DIRECTORES OR DESIGNATE OF AIDS SAINT JOHN. I UNDERSTAND THAT A BREACH OF THIS AGREEMENT COULD RESULT IN THE TERMINATION OF MY ASSOCIATION WITH THE ORGANIZATION.

Signature of Volunteer, Staff person, or a Client

Date

Signature of Witness

Date