



DESERT AIDS PROJECT VOLUNTEER PROGRAMS

ADMINISTRATIVE SUPPORT / Volunteers assist many departments with clerical support, data entry, mailings, distribution of gas vouchers etc.

ADVOCACY/CLIENT COMMITTEE / volunteer clients sit on the Client Committee as a liaison with the Board of Directors attend AIDS Watch and other lobbying opportunities and help publish 'DAP-CAN', an electronic newsletter.

ATS –Anonymous Test Site / volunteers provide HIV counseling and testing – Certification required.

CARE TEAM / 'buddy' volunteers work with designated clients to improve quality of life through peer-counseling

CARE COORDINATOR / volunteers assist with client intakes, filing and referrals- B.A. in Psychology or experience in related field preferred

CONDOM CLUB / volunteers assemble and distribute safer-sex materials and assist at health fairs and community outreach.

FOOD DEPOT / volunteers help at the monthly Farmers' Market to distribute produce and provisions

POSITIVE SPEAKERS / specially trained volunteers share personal experiences living with or being affected by HIV/AIDS

RECEPTION – Front Desk / Health Center/ ATS / volunteers assist staff running front desks

RESOURCE DEVELOPMENT / fundraising events, such as Steve Chase Humanitarian Awards, the Desert AIDS Walk and other events utilize the time and talent of many volunteers

REVIVALS RESALE STORES / nearly 120 volunteers help run revenue-generating thrift stores in Palm Springs, Cathedral City, and Palm Desert

WELLNESS VOLUNTEERS / provide a wide array of services from the provision of holiday gifts to the children of clients, to reflexology, Reiki therapy and diabetic counseling



Desert AIDS Project
care :: prevention :: advocacy

Volunteer Application

Name: _____ Birthday: _____
(Last) (First) (Mi) (mo) (day)

Address: _____
(Street) (City) (Zip)

Phone: () _____ () _____ () _____
(Home) (Work) (Cell phone)

E-Mail: _____

EMERGENCY INFORMATION:

Who would we call if you had an emergency? _____

(Name)

Relationship: _____ Phone: () _____

EMPLOYMENT HISTORY:

Are you employed? ___ yes ___ no

Where do you work? _____

What type of work have you done in the past? _____

May we call you at work? ___ yes ___ no

May we leave a message using the name Desert AIDS Project? ___ yes ___ no

Why do you wish to volunteer? _____

How did you hear of our program? _____

Have you ever volunteered before? ___ Yes ___ No

If so, where? _____

Please check the skills you have from the list below:

_____ COMPUTER SKILLS: ___ Microsoft Word ___ Excel ___ Other _____

_____ OFFICE SKILLS: ___ Typing ___ Filing ___ Telephone/Reception ___ Data Entry

What foreign languages do you speak? _____

PLEASE CHECK THE DAYS AND TIMES YOU WOULD BE AVAILABLE TO WORK:

NOT ALL SHIFTS ARE AVAILABLE IN ALL LOCATIONS

Monday (AM) (PM) Tuesday (AM) (PM) Wednesday(AM) (PM) Thursday (AM) (PM)

Friday (AM) (PM) Saturday (AM) (PM) Sunday(AM) (PM)

(OVER)

Have you ever been convicted of a felony? Yes No if yes, please explain*:

*No applicant will be denied volunteer opportunities solely on the grounds of conviction of a criminal offence.

VOLUNTEER OPPORTUNITIES please check areas of interest:

Administrative Support Filing Mailings Data Entry
 A.T.S. (HIV testing) Reception Pre/post Test Counseling (requires certification) Phlebotomist (must e certified and have 1 years experience)
 Care Team
 Care Coordinator Case Management Filing
 Condom Club Food Depot
 Positive Speaker Reception (Front Desk and Health Center)
 Resource Development
 Special Events Desert AIDS Walk Steve Chase Awards Gala
 Dining Out for Life Other
 Revivals Resale Mart (various locations) Dispatch (Sun Center)
 Wellness Program Stitch in Time Reflexology Other

As a Desert AIDS Project volunteer:

- 1) I will attend volunteer meetings as scheduled.
- 2) I am not eligible for employee benefits including Worker's Compensation Insurance
- 3) I may not work in or operate a resale business while volunteering at Revivals.
- 4) I will follow the procedures and guidelines set forth in the program.
- 5) I am aware that the services of any volunteer may be refused or terminated by the Desert AIDS Project at will, and shall be terminated when deemed in the best interest of the Project to do so.
I have read and I understand the foregoing Volunteer application.

Signature

Date

Witness

Desert AIDS Project - P.O. Box 2890
1695 N. Sunrise Way, Palm Springs, CA 92263-2890
Telephone: (760) 323-2118 ext. 244, FAX: (760) 323-3658
REVISED 2/08 HA



Volunteer Waiver of Liability

Waiver must be signed in order to volunteer.

I wish to volunteer for Desert AIDS Project and/or Revivals Thrift Stores. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and or unfamiliar persons, objects, machinery, conditions of premises, animals or other unforeseen conditions or events. I understand that such events may pose potential risks of bodily injury or damage to property, or disease.

Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer.

I hereby release, hold harmless and covenant not to file suit against Desert AIDS Project, Inc./ Revivals Thrift Stores and any of their employees, volunteers, directors, agents, sponsors, board members, and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer to the fullest extent permissible under law.

Signature

Date

Name (print)

DESERT AIDS PROJECT, INC.
CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

I, _____, hereby acknowledge that as a volunteer of Desert AIDS Project, I may have access to confidential information as defined below. In consideration of my employment as a volunteer with Desert AIDS Project, I agree to the following terms and conditions:

1. For the purpose of this Agreement, "confidential information" shall mean any information or material belonging to or specifically designated by Desert AIDS Project as confidential information which is not generally known by non-Desert AIDS Project personnel, or by which I obtain knowledge of and/or access to as a result of my employment with Desert AIDS Project.

Confidential information shall include, but not be limited to, the following type of information: all information concerning clients including their names, records, services being received, diagnosis, progress reports and flow charts, any electronic records i.e.; ARIES, ALTEER's, etc., Desert AIDS Project policies, procedures and financial information gained by direct contact, by observation, by telephone or information received while in contact with a client or staff member. Confidential information also includes any information described above which Desert AIDS Project treats as or designates as confidential information.

2. I agree that I shall not, at any time during or following my employment with Desert AIDS Project, reveal, report, publish, disclose, transfer or cause to be revealed, reported, published, disclosed or transferred, any confidential information that was gained by direct contact, by observation, by telephone, overheard or any other indirect contact, for any purpose except in the approved course and scope of my work for Desert AIDS Project. I also agree that I will not take, or cause to be taken, any confidential information from Desert AIDS Project's offices without the appropriate written approval of a Department Director or the Executive Director.

3. This agreement supersedes any and all prior negotiations, understandings and agreements between me and the Desert AIDS Project concerning the subject matter of confidential information.

4. If any part of this Agreement shall be held to be void, invalid or unenforceable, it shall not affect the validity of the balance of this Agreement.

I, by my signature below, acknowledge, understand and agree to all of the previously stated terms and conditions and acknowledge receipt of a copy of this Agreement.

Date _____.

Signature

Print Name