



Volunteer Application

Thank you for expressing interest in volunteering at Foothill AIDS Project (FAP). We look forward to involving you in our work as much as possible. Please complete this application and return it to: Art McDermott via email [art@fapinfo.org], by FAX [(909) 482-2070], or by “snail” mail [FAP, 233 W. Harrison Avenue, Basement; Claremont, CA 91711].

Please print or write as neatly as you can. Thank you!

INFORMATION ABOUT YOU:

| | |
|---------------------------|---|
| | |
| <i>First Name</i> | <i>Last Name</i> |
| <i>Email Address:</i> | @ |
| <i>Mobile Phone:</i> | <i>May FAP staff send text messages to your mobile phone?</i> |
| <i>Home Phone:</i> | [] Yes [] No |
| <i>Mailing Address:</i> | |
| <i>Emergency Contact:</i> | () |

YOUR SKILLS & EXPERIENCE: *Please answer “yes” or “no” to the following . . .*

YES / NO

- | | | |
|-----|-----|--|
| [] | [] | 1. I have completed high school, secondary school, or have a GED, etc. |
| [] | [] | 2. I am attending college full or part-time. If yes, which college? _____ |
| [] | [] | 3. I am a college graduate. If yes, your major? _____ |
| [] | [] | 4. I work full-time. If yes, your employer: _____ |
| [] | [] | 5. I work part-time. If yes, your employer: _____ |
| [] | [] | 6. I have a valid driver’s license, AND I own or have access to a car that is insured. |
| [] | [] | 7. I can type, and I offer basic word-processing / computer skills. |
| [] | [] | 8. I can answer the phone or perform general office duties for two or more (2+) hours during the day on certain weekdays. If yes, write weekdays and times you’re available below. |
| [] | [] | 9. I can volunteer at events that occur at night or on weekends. |
| [] | [] | 10. I can work from home, doing jobs such as online research, social media, or labeling postcards. |
| [] | [] | 11. I speak a language other than English. If yes, which language(s): _____ |
| [] | [] | 12. I live and/or work close to the following FAP office(s): Claremont [] San Bernardino [] Riverside [] Hesperia [] |
| [] | [] | 13. I understand that volunteering in any FAP office will require that I be screened for TB annually at my own expense and to share those laboratory results with FAP. |

Tell us about other relevant skills or interests:



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Everyone who wishes to volunteer at FAP must affix their signature to the below policy statements. Thank you!

Confidentiality Statement:

Consistent with federal and state privacy laws, all staff and volunteers of Foothill AIDS Project shall strictly maintain the confidentiality of all information obtained or used in the provision of services, including but not limited to spoken statements, as well as digital, paper and/or government records. Foothill AIDS Project shall not release the name of any client — or disclose any information or records about a client — to any third party without the prior written consent of the client or his/her lawful representative(s).

To protect our clients, their families and the public, the staff and volunteers of Foothill AIDS Project are mandated by law to report to the appropriate authorities information regarding: (1) Any person who is danger of hurting themselves or others; (2) Any reasonable suspicion that any child, elder or dependent adult has been abused or neglected; and (3) Any reasonable suspicion that any person has been the victim of domestic violence.

Foothill AIDS Project shall require all of its officers, employees, agents, and volunteers with any access to client information or records acknowledge in writing their understanding of, and their agreement to fully comply with, all such confidentiality provisions.

I certify that I have read the above policies. I understand the confidential nature of the information I may receive in my capacity as an FAP volunteer or intern, and I hereby agree to abide by these policies. I further understand that I may be dismissed for breaching this confidentiality pledge.

Your Signature

Date

Volunteer Disclaimer:

As stipulated in California Labor Code, Section 3363.3, volunteers of nonprofit agencies are not covered as employees under Workers' Compensation Insurance laws.

I fully understand that I will be a volunteer, and as such, I will not be covered by FAP's Workers' Compensation Insurance, and therefore I will not engage in any activity that I am not physically, mentally or emotionally suited for.

Your Signature

Date