

Education (Please Check) Secondary Post-secondary Degree/Diplomas obtained (please specify)

Languages: _____ Understand Read Speak Write
_____ Understand Read Speak Write
_____ Understand Read Speak Write

American Sign Language for the Deaf? Yes No

Please check personal skills that you would be interested in sharing with us.

_____ Greeting people _____ Administrative /Data Entry _____ Postering
_____ Admission _____ Phone Support _____ Mail Outs
_____ Transportation _____ Event Outreach
_____ Computer/Internet _____ Accounting
_____ Business/Marketing
_____ Media _____ Public Relations
_____ Program Management _____ Training/Facilitation _____ Graphic Arts
_____ Counselling _____ Communications

Please list any additional skills/interests that you might like to contribute while volunteering at the Regional HIV/AIDS Connection:

Availability and Commitment for all your Interest Areas

The Regional HIV/AIDS Connection volunteers are asked to seriously consider a commitment of 4 hours per week for one year for Counterpoint, reception and Client Services roles

	M	T	W	T	F	Sa
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flexible <input type="checkbox"/>						

Your Signature

Date

Please submit the completed application to:

Regional HIV/AIDS Connection Attn: Natalie Hébert
#30-186 King St
London ON N6A 1C7
nhebert@hivaidsconnection.ca
Fax 519.434.1843



Regional
HIV/AIDS
Connection

Volunteer Confidentiality

(please read carefully before signing)

- All information given to volunteers by PWAs (Persons With AIDS), their lovers, family or friends, as well as other volunteers and paid staff is considered confidential.
- The Regional HIV/AIDS Connection recognizes the client's right of privacy in relation to the services that our organization provides.
- While a client does not have the property right to our records, she/he has the right to protection of all information contained therein.
- All information relating to a client must be treated as confidential; this information may be written, verbal or another form. This confidentiality extends to everything volunteers learn in the exercise of their duties. Conversations with people on the Regional HIV/AIDS Connection property must also be treated as confidential.
- Aside from sharing essential information with those people involved, in Ontario there are four legal limits to confidentiality or ways in which information may be released:
 1. Upon a court order or as required by law
 2. Suspicion or direct disclosure of child abuse
 3. Upon a written authorization of the client
 4. Harm to oneself or others
- Any misuse of information shall be considered a breach of confidentiality and will be cause for disciplinary action to be taken by the Coordinator of Volunteer Resources.
- I have read the Regional HIV/AIDS Connection's "Policy on Confidentiality" as stated above. I understand and agree that in the performance of my duties with the Regional HIV/AIDS Connection, I must hold information in confidence. Further, I understand that intentional or involuntary violation of this confidentiality may result in the termination of my association with Regional HIV/AIDS Connection.

Print Name: _____

Signature: _____ Date: _____



Regional
HIV/AIDS
Connection

Privacy and Personal information

(please read carefully before signing)

1. The Regional HIV/AIDS Connection will not collect, use or disclose your personal information unless you have provided your consent in accordance with the Regional HIV/AIDS Connection Privacy Policy, the Ontario Privacy Protection Act and the Canadian Freedom of Information and Protection of Privacy Act, or where required by law.
2. The Regional HIV/AIDS Connection Volunteer Application form requests information such as your name, address, contact information, demographic information, work history and education, for the purposes of screening, placement, and on-going training and supervision. Your personal information is also used for the purposes of debriefing and support; recognition; requests for additional volunteer roles; reference letters and verbal recommendations; program statistics and evaluation as per funding requirements; mailings of information related to the Regional HIV/AIDS Connection activities and events.
3. Please know that you have the right not to answer a question or to not complete a section of the volunteer application as you so choose; however, please be aware that this may have an impact on our ability to effectively place you as a volunteer at the Regional HIV/AIDS Connection.
4. In addition, you have the right at any time to withdraw consent to use your personal information for the purposes of noted above. You must notify the Volunteer Coordinator in order to activate this change. Please allow 14 business days to allow us to update our records accordingly.

Please indicate your consent for the use of your personal information for the following purposes by checking the appropriate box:

- My name may be made available for volunteer recognition purposes and activities
Yes **No**
- You may contact me regarding additional volunteer opportunities, community events and announcements, training opportunities and conferences
Yes **No**
- Please add my name to your mailing list to receive the Volunteer Newsletter
Yes **No**
- Please add my name to your mailing list in order to receive information regarding fund development activities, initiatives and campaigns
Yes **No**

I have duly read the above information and give my consent which is provided voluntarily, without coercion or undue influence. I am aware that I may revoke my consent at anytime for all or part of the information for the purposes noted above.

Print Name: _____

Signature: _____ Date: _____

Appendix A (Optional. These questions will be covered in your volunteer interview)

Personal Experience

(please print)

1. Have you previously applied to volunteer at the Regional HIV/AIDS Connection?

Yes No If yes, when and which position(s)?

2. What past volunteer experience do you have?

3. What did you enjoy the most about your previous volunteer experience?

4. What did you enjoy the least?

5. Why do you want to volunteer with the Regional HIV/AIDS Connection?

6. What personal characteristics would you bring to the Regional HIV/AIDS Connection as a volunteer?

7. Do you anticipate any change in your personal, professional, or academic life (i.e. work, home, studies, travel) in the next six months to one year. Yes No If yes, please explain.

8. You may be required to have a criminal record search. Is this a concern to you?
 Yes No If yes, please explain (you may opt to discuss this with the Coordinator of Volunteer Services instead of including information here).

9. What is your comfort level and experience with addictions, alcohol and/or substance abuse?

10. While volunteering at the Regional HIV/AIDS Connection you may work with people whose life experiences may include - poverty, mental illness, addiction and street involvement. What qualities would help you work with people who have different values and life experiences than yourself?

11. Are there any issues, situations or kinds of experiences that you find unacceptable or difficult to deal with; if so, how do you respond?

12. How do you handle stress and emotional difficulties in your own life?
