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Volunteer Application

Thank you for your interest in the Southern Colorado Health Network (Southern Colorado AIDS Project). Please complete this form and a staff member will contact you.

Today's Date: _____

Name: _____

Address: _____ **City/Zip:** _____

Home/Cell Phone#: _____ **Email:** _____

Date of Birth: _____

Education: Highest grade completed: _____ Are you still in school? ___ Yes ___ No

If yes, what school? _____

Current Employment Status:

_____ Full Time _____ Part Time _____ Retired _____ Unemployed

_____ Medical Leave _____ Other: _____

If you are employed, please complete below:

Employer: _____

Employer Address: _____ **City/State/Zip:** _____

Employer Phone: _____ **Your Title:** _____

Responsibilities: _____

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, what, when, and where? _____

Transportation: _____ Own Vehicle _____ Public Transportation

Language:

What is your primary Language? _____

What other languages do you speak? _____

Volunteer Interests (Check all that apply) See attached job descriptions for more information.

_____ Reception Desk

_____ Bar Outreach Team

_____ Food Pantry

_____ Prevention Materials Assistant

_____ Access Point Pueblo

_____ HIV/Hepatitis C Testing Counselor

_____ Mobile Testing Assistant

_____ Special Events

_____ Table Representative

Additional Opportunities for Persons Living with HIV/SCAP Clients

_____ Client Advisory Board

_____ Positive Speakers Bureau

_____ Peer Mentor

Availability

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

What experience or training do you have that may be relevant to your volunteer positions: _____

Why would you like to volunteer for SCAP? _____

What would you hope to accomplish as a volunteer for SCAP? _____

How did you hear about SCAP? _____

Have you ever volunteer for SCAP in the past? Yes No – If yes, if what capacity? _____

Signature

Date

Volunteer Confidentiality Agreement

As a volunteer of the Southern Colorado AIDS Project, you may learn of or have access to information including, but not limited to, information relating to:

- Clients (e.g., records, conversations, intake information, financial and medical/treatment information, personal information including sexual orientation, relationships, living arrangements etc.).
- S-CAP (e.g. internal reports, memos, contracts, statistical records, communications, computer programs etc.).

Confidential information is valuable and sensitive and is protected by law and by organizational policies. The intent of these laws and policies is to assure that confidential information will remain confidential and will be used only as necessary to accomplish the mission of S-CAP. As a volunteer, you are required to comply with these laws and policies.

Accordingly, you must:

- Use confidential information only as needed to perform your legitimate duties as a volunteer of S-CAP.
- Only access confidential information for which you have a need to know;
- Ensure health information is used only for health care treatment, payment, and operations.
- Not transmit, divulge, copy, record, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of your volunteer duties:
- Not misuse confidential information or treat confidential information carelessly;
- Safeguard your passwords or any other authorization you have that allow you to access confidential information;
- Take appropriate measures to safeguard confidential information (see above) appropriately held in your home or work area, as part of your volunteer responsibilities;
- Report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information.
- Understand that your obligations under this agreement will continue after you cease to be a volunteer with S-CAP.

I understand that any unauthorized disclosure of any confidential information is a breach of the terms of my volunteer work with S-CAP and may subject me to immediate termination of position, to court action by any interested party and/or to other sanction by S-CAP.

I have entered into this agreement freely, voluntarily and with full knowledge of its legal consequences.

Volunteer Name (please print)

Parent/Guardian Name (please print)
(if volunteer is under 18)

Volunteer Signature

Parent/Guardian Signature
(if volunteer is under 18)

Volunteer Waiver and Full Release of Liability

1. I hereby release Colorado Health Network, dba Southern Colorado AIDS Project (SCAP) and all municipal agencies whose property and/or personnel are used, and other sponsoring or co-sponsoring agencies or individuals, specifically including, but not limited to, SCAP employees or other SCAP volunteers, from responsibility for any injuries or damages whatsoever that I may suffer as a result of my volunteering with Southern Colorado AIDS Project.
2. In the event I become injured or require medical assistance and am unable to communicate, I give my permission for medical care to be administered to me as deemed necessary by SCAP staff and emergency response personnel.
3. The individual, parent, or guardian executing this Release represents and warrants that he or she has read and understands the terms of this Release and further represents that he or she understands any and all risks associated with the volunteer work that he or she (or the minor for whom she or he is responsible) may undertake relating to SCAP.
4. By signing this agreement, I hereby release, surrender and forever discharge, and agree to save, hold harmless, and indemnify SCAP and any of its successors and assigns, if any, from all claims, demands, causes of action and possible causes of action whatsoever anticipated, unanticipated, known or unknown, arising out of or related to the my volunteer work with or on behalf of SCAP, including but not limited to property damage, personal injury and death.
5. **IF VOLUNTEER IS UNDER THE AGE OF 18:** This certifies that my son/daughter has my permission to participate as a S-CAP volunteer and S-CAP Staff have my permission to authorize emergency medical treatment if necessary. To the extent permissible by law, I hereby waive my son's or daughter's rights (or any rights I may have on his or her behalf) as indicated in the paragraphs above.

Volunteer Name (please print)

Parent/Guardian Name (please print)
(if volunteer is under 18)

Volunteer Signature

Parent/Guardian Signature
(if volunteer is under 18)

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

SCAP Volunteer Descriptions

Reception Desk: This position reports to the Program Assistant and provides front office administrative duties such as:

- Staffing the reception desk.
- Overseeing reception area including activities in the lobby area to ensure the professionalism of the environment.
- Enforcing standards associated with confidentiality. This position is called to help support the maintenance of confidentiality/privacy of all SCAP clients.
- Triageing walk-in clients and phone calls for emergency issues, based on protocols established by Management staff
- Providing general community resource information to clients and community stakeholders
- Maintaining the overall appearance of the reception area: straighten publications and materials, remove trash, wipe down surfaces at end of day, update bulletin boards, etc.
- Assisting with bulk mailings to SCAP clients
- Assisting with preparing risk reduction materials.

Food Pantry: This position reports to the Program Assistant and provides direct food assistance to the clients of SCAP. Duties may include:

- Assisting clients in the food pantry in making food selections and bagging food.
- Properly recording client food pantry usage.
- Cleaning, stocking, and rotating items in the food pantry.

Access Point Pueblo: This position reports to the Prevention Manager and assists clients with the syringe access program. Transportation may be available from the SCAP office in Colorado Springs to Access Point in Pueblo. Duties may include:

- Greeting clients and conducting intakes.
- Filling bags with supplies for clients.
- Delivering risk reduction information and promoting HIV & HCV testing.

Mobile Testing Assistant: This position reports to the Prevention Manager and assists testing clients at offsite testing locations. Duties may include:

- Greeting and check in clients.
- Collecting basic demographic information.
- Describing the testing process.

SCAP Table Representative: This position reports to the Program Assistant or Prevention Manager and assists with staffing the SCAP table at various community events and festivals. Duties may include:

- Setting up and breaking down the table.
- Answering basic questions about HIV prevention and SCAP services.
- Distribute risk reduction materials.

Bar Outreach Team: This position reports to the Prevention Manager and assists with representing SCAP at bar outreach events. Duties may include:

- Approach and have one-on-one conversations with bar patrons.
- Promote risk reduction behaviors including PrEP (Pre-Exposure Prophylaxis).
- Promote SCAP PrEP support services and testing services.

Prevention Materials Assistant: This position reports to the Prevention Manager and assists with preparing various prevention materials. Duties may include:

- Placing SCAP stickers on condoms.
- Filling mini bleach bottles
- Preparing cookers, cotton, and other syringe access program materials.

HIV/Hepatitis C Testing Counselor: This position reports to the Prevention Services Manager, responsible for providing confidential HIV and Hepatitis C testing in the SCAP office and off site at special events. *Specialized training through CDPHE is required at the expense of the volunteer.* Duties may include:

- Providing HIV and Hepatitis C testing in a confidential setting. Including collecting demographic and risk information
- Performing a rapid finger stick test.
- Assisting those getting a test in creating a risk reduction plan.
- Providing immediate referrals for services as needed.

Special Events: Volunteers are called on as needed to assist with fundraising activities such as the AIDS Walk, Red Ribbon Ball, and the Women and Girls Luncheon.

Additional Opportunities for Persons Living with HIV/SCAP Clients

Client Advisory Board (CAB): This position reports to the Client Services Manager. The client advisory board is a board of those living with HIV/AIDS to provide advocacy and support for the communities of Southern Colorado in regards to HIV/AIDS. Being a part of the CAB requires a monthly commitment to attend meetings and participate in other special events. Some duties may include:

- Attending monthly meetings of the CAB.
- Participating and planning monthly client lunch and learns.
- Assisting with client special events.

Positive Speaker Bureau: This position reports to the Prevention Services Manager. Members of the positive speaker's bureau work with the prevention team to educate the public about the facts of HIV/AIDS. Positive Speakers also share their story about their experiences being HIV positive. This position requires special training in the SCAP office, public speaking experience is helpful. Duties for this position may include:

- Attending ongoing trainings with SCAP staff.
- Speaking in public at schools, churches, universities, and other public venues.

Peer Mentor: This position reports to the Client Services Manager. Peer Mentors work with newly diagnosed persons or those that have not been adherent to their HIV Care. To be a Peer Mentor, you must have maintained active adherence to your HIV care for over a year. This position requires specialized training by the SCAP staff and the selection process for Peer Mentors is monitored closely. Duties of the peer mentor may include:

- Attending ongoing trainings with SCAP staff.
- Assisting others with making and keeping medical appointments.
- Attending medical appointment with others.
- Mentoring others on medication adherence.
- Mentoring others on communicating with the doctor around their health care needs.
- Building trust with someone.