

## **Access Support Network Volunteer Program**

The ASN provides a variety of services with the assistance of our team of volunteers. Volunteers come from all lifestyles - teens to retirees - and are all able to supply clients with services that would be difficult to obtain otherwise. Volunteer services cover several broad categories: clerical work, client services, fundraising/public awareness, and areas of special expertise.

### **Clerical Work:**

Most of the volunteer work in this area revolves around the office. We use volunteers as office receptionists to assist us with projects such as computer data entry, bulk mailings, general office organization and other related tasks.

### **Direct Client Services:**

Volunteers assist client in a number of ways. We can supply help with housekeeping, gardening, meal preparation, moving assistance and transportation. We also provide clients with a "buddy," someone who is available to talk on the phone, visit, share a meal or a cup of coffee, and generally be there to support the client.

### **Fundraising/ Public Awareness:**

This category covers a volunteer involvement in the area of special events such as walk-a-thons, food drives, and other community events. We also have a panel of speakers who go into the community to give first-hand accounts and presentations.

### **Specialized Areas:**

We have many volunteers who have areas of expertise such as massage therapy or legal assistance.

If you are interested in being a "buddy" to a person living with HIV infection, we require that you complete our Volunteer Training Program. You will be notified when training sessions are scheduled.

If your interest is in providing occasional practical assistance such a shopping, cleaning, transportation, etc. we encourage you to attend training, but it is not required. It will however, be helpful to you if you access the various educational materials available at the ASN office.

Volunteer work takes many forms. You may not wish to work directly with clients however; there is still a need and desire for your help. During your interview, you will have the chance to express more clearly your preferences.

We look forward to meeting you and THANK YOU for your interest!

## ASN Volunteer Application

Date: \_\_\_\_\_

The following information will be kept strictly confidential.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First)

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number, City and Zip Code)

Phone:

Home: \_\_\_\_\_ Best time to call \_\_\_\_\_  
Work: \_\_\_\_\_ Best time to call \_\_\_\_\_

Please indicate the types of service that would interest you.

1. Clerical Work (In Office):

- Phone Work
- Special Projects
- Bulk Mailing
- Computer Input

2. Client Services

- Housekeeping
- Meals
- Gardening
- \*Moving
- \*Transportation
- \*\*Buddy (friend)

\*Requires a valid driver license and proof of insurance

\*\*Requires participation in the Volunteer Training Program

3. Fundraising and Public Awareness:

- Food Bank
- General Fundraising Activities and Events
- Public Speaking/ Education

4. Areas of Expertise:

- Legal Assistance

- Massage Therapy (separate application required)

5. Other Areas (Please describe): \_\_\_\_\_

\_\_\_\_\_

Educational Background and Experience:

- High School Diploma or GED Equivalent
- College and above
- Professional Certification/ Licenses \_\_\_\_\_
- Specialized Courses/ Training \_\_\_\_\_

Employment:

- Full-Time
- Part-Time
- Retired
- Student
- Not presently employed

Please list any prior employment:

\_\_\_\_\_  
\_\_\_\_\_

Volunteerism:

Please indicate your current volunteer affiliations:

\_\_\_\_\_  
\_\_\_\_\_

Please describe your past volunteer experiences:

\_\_\_\_\_  
\_\_\_\_\_

Approximately how many hours per month would you like to volunteer?

- Less than 5
- 5-10
- 10 or more

Please indicate the types of transportation available to you.

- Car
- Bike
- Public Transportation

In which areas are you willing to travel?

- Paso Robles/ Atascadero/ Templeton
- Morro Bay/ Los Osos
- 5-Cities/ Nipomo
- Cayucos/ Cambria
- San Luis Obispo
- All of SLO County

Do you speak any languages other than English? If yes, please indicate which. \_\_\_\_\_

Do you have any physical limitations? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Do you have a problem (past/present) with alcohol or drugs? If yes, please indicate how this may affect your work with clients.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been arrested/convicted of a felony within the last seven years? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Are you volunteering as a condition of you probation? \_\_\_\_\_

In case of an emergency, whom should we contact?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to you: \_\_\_\_\_

## Confidentiality Form

I attest and declare:

I am aware that the Access Support Network (ASN) is a charitable, non-profit organization devoting its services to helping those who are affected by the HIV and/or Hep-C virus.

I acknowledge and understand that in serving the Access Support Network that I may learn the identity and/or names of one or more persons affected by these viruses.

I acknowledge and agree that the above-mentioned information regarding an individual's health status is confidential.

Therefore, I agree never to reveal to any person, party, enterprise or undertaking any of the names, identities, data or other confidential information that I might learn in my association with ASN, now or in the future.

I will assume that all information I may learn that is not publicly released is confidential in nature.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)