



## **VOLUNTEER APPLICATION FORM**

Please fill in the application form in full. All information contained in this form is absolutely confidential and available only to authorized staff and volunteers.

### **Contact Information:**

<hr/>		
Last Name	First Name	Middle Name
<hr/>		
Mailing Address		Apt Number
<hr/>		
City	Province	Postal Code
<hr/>		
<input type="checkbox"/> I agree to receive ACAS e-newsletters and e-blasts		
Email <hr/>		
(     )	(     )	
Home phone number	Mobile phone number	
<hr/>		
Date of Birth <hr/> Year <hr/>		

May we leave a message stating we are from ACAS to the above phone numbers?

Home     (     ) yes     (     ) no     Mobile     (     ) yes     (     ) no

### **How did you hear about ACAS and our volunteer program?**

- (     ) Friends                      (     ) ACAS website  
(     ) Outreach/flyers            (     ) ACAS event/workshop  
(     ) Volunteer Centre          (     ) Other services/health care provider

Other, please specify: 

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Website: 

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Print Media: 

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## Why do you want to volunteer at ACAS?

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### Language skills

English      (    ) spoken      (    ) written      (    ) read  
French      (    ) spoken      (    ) written      (    ) read

East Asian and/or South East Asian languages:

\_\_\_\_\_ (    ) spoken      (    ) written      (    ) read  
\_\_\_\_\_ (    ) spoken      (    ) written      (    ) read  
\_\_\_\_\_ (    ) spoken      (    ) written      (    ) read

Other languages:

\_\_\_\_\_ (    ) spoken      (    ) written      (    ) read  
\_\_\_\_\_ (    ) spoken      (    ) written      (    ) read

### Education History (If providing a resume, you do not have to fill out this section)

Institution	Program	Date

### Employment History resume enclosed [    ] yes    [    ] no

Company	Position	Date

### Volunteer History

Organization	Position	Date

**Volunteer Areas you are interested in:**

<input type="checkbox"/> Education & Outreach – Men who have sex with men Bar Outreach	<input type="checkbox"/> Support – People Living with HIV/AIDS Buddy/Peer support
<input type="checkbox"/> Education & Outreach – Men who have sex with men Bathhouse Outreach	<input type="checkbox"/> Support – People Living with HIV/AIDS Event Planner
<input type="checkbox"/> Education & Outreach – Men who have sex with men Internet Outreach	<input type="checkbox"/> Support – People Living with HIV/AIDS Health & Wellness/Holistic Health Therapy
<input type="checkbox"/> Education & Outreach – Youth Outreach	<input type="checkbox"/> Support – People Living with HIV/AIDS Public Speaker
<input type="checkbox"/> Education & Outreach – Women's Outreach	<input type="checkbox"/> Support – People Living with HIV/AIDS Language Interpreter
<input type="checkbox"/> Education & Outreach – Transgender/Transsexual Outreach	<input type="checkbox"/> Fundraising Events – e.g. Walk for Life, Dinner Events, Scotia Run
<input type="checkbox"/> Office Administration/Reception	<input type="checkbox"/> Special Events – e.g. Dyke March, Gay Pride Parade, AGM, Memorial Events
<input type="checkbox"/> Translator/Interpreter	<input type="checkbox"/> Research
<input type="checkbox"/> Website Design & Maintenance	<input type="checkbox"/> Internet & Media Reviewer/Watchdog
<input type="checkbox"/> Computer Graphic Design	<input type="checkbox"/> Other (please specify)

Hobbies/Interests: \_\_\_\_\_

**Specific skills you would like to provide:**

<input type="checkbox"/> Administrative/Reception	<input type="checkbox"/> Editing/proofreading	<input type="checkbox"/> Proposal writing
<input type="checkbox"/> Adult/youth education	<input type="checkbox"/> Facilitation – workshops	<input type="checkbox"/> Public speaking
<input type="checkbox"/> Communication	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Research – Quantitative/qualitative
<input type="checkbox"/> Computer graphic design	<input type="checkbox"/> HIV/AIDS peer support	<input type="checkbox"/> Special event planning
<input type="checkbox"/> Counseling	<input type="checkbox"/> Holistic health therapy – massage, Reiki, Shiatsu	<input type="checkbox"/> Translation/Interpreter
<input type="checkbox"/> Data entry	<input type="checkbox"/> Housekeeping/meal preparation	<input type="checkbox"/> Website design/maintenance
<input type="checkbox"/> Desktop publishing	<input type="checkbox"/> Program planning	<input type="checkbox"/> Writing/report writing
<input type="checkbox"/> Valid driver's license/transportation	<input type="checkbox"/> Project development/evaluation	<input type="checkbox"/> Other

Computer Programs/Software Proficiency: \_\_\_\_\_

## Availability

ACAS requires a commitment for a period of 3 months. Are you able to make a commitment of at least 3 months?    (    ) yes    (    ) no

Please tell us about your availability and/or possible issues that might affect your volunteer position.

Would you be available on weekends (for event specific tasks)?

## References

Please provide two references of individuals who are not related to you. We would prefer if one of the names were a supervisor from a recent volunteer or employment position.

1. 

Name	Phone number
2. 

Name	Phone number

## Emergency Contact Information:

Name	Phone number

  

Address	Relation

By signing this I understand that access to this information is restricted to ACAS, and will not be shared with any third parties

Signature	
	Date



## **VOLUNTEER AGREEMENT**

I, \_\_\_\_\_, have read and shall abide by the mission statement and philosophy of ACAS to volunteer my time for a period of six months after which I may choose to renew this agreement.

I agree to fulfill my volunteer responsibilities as outlined on the job description to the best of my ability; and I consent to supervision and an exit interview upon termination of my volunteer position.

I agree to respect appointment times and places as agreed upon which clients or staff members; and I will make changes only when absolutely necessary and with prior notification.

I agree to act as a representative liaison between ACAS and the community at large and to provide services that are in the best interest of ACAS and its clients. This includes not being under the influence of alcohol or drugs and not engaging in sexual activities with clients or other volunteers during volunteer time. If a conflict of interest arises, I agree to inform a staff member immediately, and agree to terminate my service relationship with the client.

I agree to respect differences in ethnic and socio-economic background, gender, sexual orientation, age, race, ability, and HIV/AIDS status.

I agree to take care of myself, to be honest with myself about the time and energy I have available for this commitment and to ask for help and support when necessary.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Witness

Date \_\_\_\_\_

## OATH OF CONFIDENTIALITY

I, \_\_\_\_\_, understand the importance of keeping confidential any and all information I receive about ACAS clients. Confidential information includes, but is not limited to, the identity, name, address, phone numbers, HIV status, medical condition and treatment, sexual orientation, financial situation, living arrangement, work situation, relations with family member and other personal information. I understand that in the course of my work as a volunteer with ACAS I may learn certain facts about clients, staff members, and volunteers that are highly personal and confidential in nature.

Even the fact that an individual is a client or volunteer with ACAS is sensitive information. I understand that all such information must be treated as completely confidential. I understand given the close-knit nature of the Asian community and the tremendous stigma surrounding HIV/AIDS, a breach of confidentiality willfully or negligently could result in someone being fired from work, evicted from housing, disowned by family and friends, as well as open someone up to other forms of discrimination.

I agree not to disclose any information of a personal or professional nature to any person even within the organization – who is not authorized to have such information. I understand that in no circumstances that I may release any information and if there is any doubt about this oath of confidentiality, or ACAS confidentiality policies, I will first seek clarification from ACAS Volunteer Coordinator or ACAS staff.

I understand that this oath does not end upon the completion of my volunteer or paid service with ACAS. Having read the Oath of Confidentiality, I understand that any violation of said agreement might result in a request from the organization for my resignation or termination.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Witness

Date \_\_\_\_\_



# ACAS

Asian Community AIDS Services

## VOLUNTEER PRIVACY AGREEMENT

Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

ACAS collects personal information from volunteers to administer ACAS as a whole and its various programs:

1. Do you agree to give ACAS permission to collect and distribute information acquired in the volunteer application form to be used by your assigned program coordinator to administer their respective programs?

Yes \_\_\_\_\_  
Signature

No \_\_\_\_\_  
Signature

2. Do you agree to give ACAS permission to share your name and information in the ACAS database to be used for the organization's administrative purposes?

Yes \_\_\_\_\_  
Signature

No \_\_\_\_\_  
Signature

3. Do you agree to give ACAS permission to share your name in our Annual General Meeting and Volunteer Appreciation Events?

Yes \_\_\_\_\_  
Signature

No \_\_\_\_\_  
Signature