



# VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(Last) (First) (Mi) (Mo) (Day)  
Address: \_\_\_\_\_  
(Street) (City) (Zip)  
Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Work) (Cell phone)  
E-Mail: \_\_\_\_\_

## IN AN EMERGENCY:

Notify: \_\_\_\_\_  
(Name)  
Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**EMPLOYMENT HISTORY:** Are you employed? \_\_\_ Yes \_\_\_ No

Where do you work? \_\_\_\_\_

What type of work have you done in the past? \_\_\_\_\_

May we call you at work? \_\_\_ Yes \_\_\_ No

May we leave a message using the name Desert AIDS Project? \_\_\_ Yes \_\_\_ No

Why do you wish to volunteer? \_\_\_\_\_

How did you hear of our program? \_\_\_\_\_

Have you ever volunteered before? \_\_\_ Yes \_\_\_ No

If so, where? \_\_\_\_\_

## TIME AVAILABLE (please check your preferences)

{ } Mon (am) (pm) { } Tues (am) (pm) { } Wed (am) (pm) { } Thurs (am) (pm)

{ } Fri (am) (pm) { } Sat (am) (pm) { } Sun (am) (pm)

## Please check the skills you have from the list below:

COMPUTER SKILLS: \_\_\_ Microsoft Word \_\_\_ Excel \_\_\_ Other \_\_\_\_\_

LEGAL SKILLS: \_\_\_ Attorney \_\_\_ Paralegal \_\_\_ Other \_\_\_\_\_

NURSING SKILLS: \_\_\_ Phlebotomist \_\_\_ Other \_\_\_\_\_

OFFICE SKILLS: \_\_\_ Typing \_\_\_ Filing \_\_\_ Telephone/Reception \_\_\_ Data Entry

OTHER SKILLS: \_\_\_\_\_

WHAT FOREIGN LANGUAGE(S) DO YOU SPEAK? \_\_\_\_\_

OVER

Have you ever been convicted of a felony?  Yes  No If yes, please explain\*:

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**VOLUNTEER OPPORTUNITIES:** Please check areas of interest from the list

**Administrative Support**  Filing  Mailings  Data Entry

**Advocacy**  Client Committee\*\*  Newsletter

**A.T.S.** (HIV testing)  Reception  Pre/Post Test Counselor (requires certification)  Phlebotomist (must be certified and have 1 year's experience)

**CareTeam Program**

**Case Management filing\*\*\***  **Client Updating\*\*\***

**Condom Club**  **Food Depot**

**Positive Speakers**  **Reception Desk**

**Resource Development**

**Special Events**  Desert AIDS Walk  Steve Chase Awards  Other

**Revivals Resale Marts**

**Wellness programs:**  "Stitch In Time"  Reflexology  Other

**As a Desert AIDS Project volunteer:**

- 1) I will attend a DAP orientation and volunteer meetings as scheduled
- 2) I am not eligible for employee benefits including Worker's Compensation Insurance.
- 3) I may not work in or operate a resale business while volunteering at Revivals.
- 4) I will follow the procedures and guidelines set forth in the program for which I am volunteering.
- 5) I am aware that the services of any volunteer may be refused or terminated by the Desert AIDS Project at will, and shall be terminated when deemed in the best interest of the Project to do so.

**I have read and I understand the foregoing Volunteer application.**

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Signature

Date

Witness

Desert AIDS Project - P.O. Box 2890  
1695 N. Sunrise Way, Palm Springs, CA 92263-2890  
Telephone: (760) 323-2118 FAX: (760) 323-3658

\* No applicant will be denied volunteer opportunities solely on the grounds of conviction for a criminal offence.

\*\*Client Committee consists of D.A.P. clients only.

\*\*\*Limited to non-clients only



## **Volunteer Waiver of Liability**

**Waiver must be signed in order to volunteer.**

I wish to volunteer for Desert AIDS Project and/or Revivals Thrift Stores. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and or unfamiliar persons, objects, machinery, conditions of premises, animals or other unforeseen conditions or events. I understand that such events may pose potential risks of bodily injury or damage to property, or disease.

Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer.

I hereby release, hold harmless and covenant not to file suit against Desert AIDS Project, Inc./ Revivals Thrift Stores and any of their employees, volunteers, directors, agents, sponsors, board members, and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer to the fullest extent permissible under law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

**DESERT AIDS PROJECT, INC.  
CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

I, \_\_\_\_\_, hereby acknowledge that as a volunteer of Desert AIDS Project, I may have access to confidential information as defined below. In consideration of my employment as a volunteer with Desert AIDS Project, I agree to the following terms and conditions:

1. For the purpose of this Agreement, "confidential information" shall mean any information or material belonging to or specifically designated by Desert AIDS Project as confidential information which is not generally known by non-Desert AIDS Project personnel, or by which I obtain knowledge of and/or access to as a result of my employment with Desert AIDS Project.

Confidential information shall include, but not be limited to, the following type of information: all information concerning clients including their names, records, services being received, diagnosis, progress reports and flow charts, any electronic records i.e.; ARIES, ALTEER's, etc., Desert AIDS Project policies, procedures and financial information gained by direct contact, by observation, by telephone or information received while in contact with a client or staff member. Confidential information also includes any information described above which Desert AIDS Project treats as or designates as confidential information.

2. I agree that I shall not, at any time during or following my employment with Desert AIDS Project, reveal, report, publish, disclose, transfer or cause to be revealed, reported, published, disclosed or transferred, any confidential information that was gained by direct contact, by observation, by telephone, overheard or any other indirect contact, for any purpose except in the approved course and scope of my work for Desert AIDS Project. I also agree that I will not take, or cause to be taken, any confidential information from Desert AIDS Project's offices without the appropriate written approval of a Department Director or the Executive Director.

3. This agreement supersedes any and all prior negotiations, understandings and agreements between me and the Desert AIDS Project concerning the subject matter of confidential information.

4. If any part of this Agreement shall be held to be void, invalid or unenforceable, it shall not affect the validity of the balance of this Agreement.

I, by my signature below, acknowledge, understand and agree to all of the previously stated terms and conditions and acknowledge receipt of a copy of this Agreement.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name