

David E. White
Community Investment Coordinator
STOP AIDS
220 Findlay Street
Cincinnati, OH 45202



Dear Friend,

Thank you for your interest in volunteering with STOP AIDS! We appreciate your generous offer to help us in our efforts to educate Cincinnati about HIV/AIDS, and to support persons who are living with HIV/AIDS.

In this packet you will find the following forms: **STOP AIDS Volunteer Application, Policy on Confidentiality Form, Agency Waiver Form, Criminal Record Background Check Authorization Form, Civil Rights Compliance Form, Volunteer Pledge sheet, and Directions to our Offices.** Please read over all of these materials carefully. It is best to complete this agency paperwork and bring it to the next Volunteer Orientation session. Our Volunteer Orientation sessions serve as an introduction to STOP AIDS and as well provide new volunteers with information about HIV/AIDS; you will also learn about our Case Management and Education Departments during this agency overview, and will hear of various volunteer opportunities that might be available to you (such as assisting with clerical tasks in our office, helping the Education Department at health fairs, working directly to assist HIV positive clients, etc.)! **All new agency volunteers are asked to attend a Volunteer Orientation session in the first few months of beginning to volunteer.** Our orientation sessions are held on Wednesdays, every other month from 530pm to 730pm at our offices at 220 Findlay Street. Check the class listing page for the latest days this will be offered.

All persons interested in volunteering with STOP AIDS are also asked to attend one AIDS 101 & Safer Sex session within their first year of volunteering--AIDS 101 session dates can be found in the class listing page. In addition to Volunteer Orientation and AIDS 101 & Safer Sex sessions, we also offer ACE (AIDS Continuing Education) programs on various topics throughout the year! Please see the class listing page for upcoming programs and date information.

Please feel free to call me any time at **513.287.7121** or e-mail me at dwhite@stopaidscincy.org with any questions. Please also let me know if you will be attending any of our upcoming sessions so that I can add your name to our list of attendees.

Thank you again and I look forward to meeting and working with you in the future!

Sincerely,

David E. White

Community Investment Coordinator
STOP AIDS (formerly AVOC)



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STOP AIDS Volunteer Application

DATE: _____

First Name _____ Middle Initial _____ Last Name _____

Name you wish to go by _____

Street Address _____

City _____ State _____ ZIP _____

E-mail _____

Phone numbers including area code Home _____ Work _____

Cell _____ Fax _____

Birthdate _____

Emergency contact _____ Emer. Con. Phone _____

Relationship _____

Education Information

High School _____ Year Finished _____

College _____ Degree _____

Field/ Major _____ Year Finished _____

Other Education _____ Degree _____

Field/ Major _____ Year Finished _____

Other Education _____ Degree _____

Field/ Major _____ Year Finished _____

Employment Information

Current Employer _____ Position _____

Type of Business _____ May we contact you at work? _____

Date started _____ May we contact your employer for a reference? _____

Do you hold, or have you held, any occupational or professional licenses? _____

If yes, please list: _____

Personal References (include STOP AIDS references if applicable)

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer Experience

Agency/ Organization _____ Position _____

Dates _____ Description of duties _____

Reason for discontinuing volunteer service _____

Agency/ Organization _____ Position _____

Dates _____ Description of duties _____

Reason for discontinuing volunteer service _____

What skills would you like to share with STOP AIDS?

What languages, other than English, do you speak? _____

What are your three top reasons for wanting to volunteer at STOP AIDS? (attach separate page if necessary)

1. _____

2. _____

3. _____

Please describe your experience or knowledge of HIV/AIDS. _____

Which volunteer opportunities most interest you? (Please check all that apply)

Prevention Education _____ Office Support _____ Special Events _____ Assist Client Services _____

What is your availability?

- How did you learn about STOP AIDS?

• **Important:** Responses to the following questions are *optional*. However, it is very important that you understand that much of our funding depends on the demographic make-up of our volunteer staff. We strive to maintain diversity within our organization. Answering these questions helps us meet these goals.

- What is your ethnicity/race? _____ Gender? _____ Sexual Orientation? _____

- **I certify that the information given in this application is true and accurate to the best of my knowledge.**

Signature

Date



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STOP AIDS

Policy on Confidentiality

STOP AIDS recognizes that one of the most sensitive aspects of working with people with HIV/AIDS is the matter of confidentiality. Security of any potentially sensitive information is of the utmost importance for all persons associated with STOP AIDS. Our reputation in the community is based on trust, and to maintain that sense of trust, we ensure that all clients, volunteers, contributors, and others complete a policy on confidentiality agreement.

The term "client" is used to describe any person receiving services from STOP AIDS (i.e., HIV positive clients, people receiving HIV tests, etc.).

Rules of Confidentiality

- 1. Access to files of people receiving HIV Client Services is granted only to the Client Services Department staff and the Chief Executive Officer (CEO) as needed to conduct the business of the agency. All access is only granted on an AS NEEDED basis.
2. Information about a STOP AIDS client will not be shared with anyone other than those persons directly involved with the care of that individual and such other persons deemed by the Client Services Supervisor, Director of Education, or the CEO to have a NEED to know this information.
3. Even general information (such as "I can't tell you his name, but...") should not be discussed with others. Omitting the name of the party does not ensure confidentiality.
4. You should never confirm to another person, without prior authorization, that an individual has had contact with STOP AIDS.
5. Information about individuals who use STOP AIDS' anonymous HIV testing will remain completely confidential and will not be shared with anyone other than those persons directly involved with the care of that individual.
6. STOP AIDS staff shall obtain a signed release of information from any client if disclosure of personal information is deemed necessary or beneficial in the provision of services. No information will be shared without a signed release of information.
7. Before contacting any client of STOP AIDS, you must confirm that we have the client's permission for telephone and/or mail contact. When leaving a telephone message (either on a machine or with a person) NEVER identify yourself as calling from STOP AIDS unless we have the client's permission to do so. Instead, simply leave your name and telephone number. Similarly, any material mailed to clients should not have "STOP AIDS" or the agency's logo on the envelope unless we have the client's permission to send such materials.
8. STOP AIDS Case Managers often discuss confidential information on the telephone. As a result, all staff, volunteers, and others have only limited access to the Client Services Department work area. In this way, Case Managers can feel free to conduct the business of the agency without concern for breaching confidence.
9. Access to donor records is granted only to assigned staff--the Operations Manager, the Community Development Coordinator, the Special Events Coordinator, and the CEO--as needed to conduct the business of the agency.
10. Access to volunteer records is granted only to assigned staff--the Community Investment Coordinator, the CEO, and their designee--as needed to conduct the business of the agency.
11. Questions regarding donor information should be directed to the Operations Manager and/or the CEO.
12. It is STOP AIDS' policy NOT to reveal donor identity in newsletters or other public forums without the express permission of the individual being recognized.
13. Contributor confidentiality does not extend to grant funders and other organizational bodies who contribute money to STOP AIDS.
14. Donor lists and/or donor information will not be shared or released to any other individual or organization for purposes unrelated to the legitimate business needs of STOP AIDS.
15. Volunteer records are maintained so that interested volunteers may be contacted for various volunteer opportunities that exist within STOP AIDS. Access to volunteer records is granted only to staff that are responsible for contacting volunteers, and clerical staff and volunteers who maintain these records.
16. It may be difficult to maintain volunteer confidentiality in certain volunteer areas (i.e., speakers' bureau), however, if desired and expressly stated, first names only can be used to schedule volunteers.
17. Staff, volunteer, and client addresses and telephone number information is made available to STOP AIDS staff on a need to know basis. This information is not to be released to anyone without the express permission of the staff, volunteer, or client that is concerned.

I have read the foregoing policy on confidentiality and security and I agree to abide by it. I understand that if I should be found to be in breach of this policy my relationship with STOP AIDS will be terminated.

Signature

Date

Please print name



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In consideration for being permitted to participate as a volunteer for STOP AIDS, I hereby agree and promise that I will not hold STOP AIDS nor its employees or directors responsible for any loss, damages, or personal injuries that I may suffer as a result of my participation as a volunteer for STOP AIDS. I also promise for myself and my estate not to file suit or initiate any claim procedure against STOP AIDS or its employees or directors in respect of any loss, damages, or personal injuries that I may sustain arising from my participation as a volunteer for STOP AIDS. I freely assume all risks, hazards and losses which may befall me in connection with my STOP AIDS volunteer activity.

I HAVE READ THE PRECEEDING RELEASE AND FULLY UNDERSTAND IT.

Date

Signature

Print Name



Criminal Record Background Check Authorization

Please print clearly

Full Name: _____
Include middle name or initial

Address: _____

City _____ State _____ ZIP _____ Phone _____

Date of Birth: ____/____/____ Social Security: ____-____-____
month / date / year

Ethnicity (please circle one): _____

Gender (please circle one): Male Female

Previous address:

Have you ever been convicted of a misdemeanor or felony offense: _____

If yes, explain: _____

I, the undersigned, authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. This authorization is void if not exercised by STOP AIDS within one year from the date signed. I hereby agree to notify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided. **I understand that this conviction record check is for the protection of the organization and its clients, and that this information will be kept confidential.** I understand that having a conviction record will not necessarily eliminate me from consideration for a Volunteer Position with STOP AIDS. I further understand that I may be required to provide a valid driver’s license and proof of vehicle insurance in order to provide any volunteer services that require me to drive on STOP AIDS business. I agree to provide such proof upon request and to pay the \$4.00 fee associated with this check upon request (only if you are driving on official STOP AIDS business).

Signed _____ Date: _____



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Statement of Understanding and Compliance with Civil Rights Laws

By my signature below, I acknowledge that I fully understand and agree to comply with the policy of STOP AIDS, it's employees, and volunteers, such as myself, not to discriminate in any way against any person because of race, color, ethnicity, national origin, handicap, age, gender, religion, spirituality, political affiliations, sexual orientation, sexual affectations, or economic status.

I understand that this policy applies to all services or benefits rendered by STOP AIDS, it's employees and volunteers, and that it would be illegal to discriminate against any recipient of services, any patient, or any client because of these reasons.

Finally, I understand that any employee, volunteer, recipient of services, patient, or client has a right to file a formal allegation of discrimination if they wish to the appropriate program head or business office designated Civil Rights Official (STOP AIDS CEO).

I understand a copy of this form shall become a part of my volunteer file.

Signature

Date

Print Name



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Volunteer Pledge

As a volunteer at STOP AIDS, I hereby pledge:

- I will be punctual and conscientious in the fulfillment of my duties, as well as make my work of the highest quality. If for any reason, I cannot serve at my assigned time, I will give ample notice to my supervisor or the Community Investment Coordinator.
- I am committed to help STOP AIDS accomplish their mission by always sharing and implementing creative new ideas.
- I will consider as **CONFIDENTIAL** all information, which I may hear directly or indirectly concerning a client, volunteer, staff member, or donor, and will not seek information regarding any of the above-mentioned persons.
- I will conduct myself with dignity, courtesy and consideration at all times and will treat all people equally, without discrimination of any kind for any reason.
- I will take any problems, criticisms, or suggestions to the Community Investment Coordinator.
- I will dress appropriately for each volunteer event and refrain from the use of alcohol or any illegal substances.
- I will uphold the standards and policies of STOP AIDS.
- I promise to attend meetings as requested and continued educational programs, which will help improve my services, experiences, and knowledge of HIV and the people served by STOP AIDS.

Signature

Date

Print Name

DIRECTIONS TO STOP AIDS OFFICES



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**STOP AIDS/ 220 Findlay Street
Cincinnati, OH 45202
513-421-2437**

There are no signs at the STOP AIDS offices—however, the street addresses for our buildings (220 and 230) are prominently displayed on the brick wall surrounding our parking lot. When you arrive at our offices, please come to the entrance with the front deck and wheelchair ramp.

From I-75 Southbound

Take the Ezzard Charles exit. Turn left onto Ezzard Charles Drive. Take Ezzard Charles Drive to where it dead-ends into Central Parkway and turn left onto Central Parkway. At the third light, turn right onto Findlay Street and then immediately turn left into the parking lot at 220-230 Findlay.

From I-71 / I-75 Northbound

Take the River Road exit just after crossing the bridge into Ohio. Take the first exit off the River Road exit, which is Linn Street. Turn right onto Linn Street. Follow Linn Street to Ezzard Charles Drive. Turn right onto Ezzard Charles Drive. Take Ezzard Charles Drive until it dead-ends into Central Parkway. Turn left onto Central Parkway. At the third light, turn right onto Findlay Street, immediately turning left into the parking lot at 220-230 Findlay.

From I-71 Southbound

Take the Reading Road exit. Take Reading Road down to the second light and turn right onto Liberty Street. Follow Liberty Street until you reach Central Parkway. Turn right onto Central Parkway. Turn right at the next light onto Findlay Street, immediately turning left into the parking lot at 220-230 Findlay.

From I-471 Northbound

Take the Liberty Street exit. Continue straight off the exit onto Liberty Street until you reach Central Parkway. Turn right onto Central Parkway. Turn right at the next light onto Findlay Street, immediately turning left into the parking lot at 220-230 Findlay.

From Indiana

Take I-74 to I-75 South. Take the Ezzard Charles exit. Turn left onto Ezzard Charles Drive. Take Ezzard Charles Drive until it dead-ends into Central Parkway. Turn left onto Central Parkway. At the third light, turn right onto Findlay Street, immediately turning left into the parking lot at 220-230 Findlay.

****If you get lost, you can always call our main number of 513-421-2437, and our Front Desk staff will help you with directions!**

****If our parking lot is full, there is street parking around the corner on Dunlap and across the street on Logan Street.**

Office Hours

Monday-Thursday: 9:00 am-6:00 pm

Friday: 9:00 am-1:00 pm

Saturday and Sunday: CLOSED