



Volunteer Application

All information in this application will be kept strictly confidential, and shall be used only in the management of Posada's volunteer services and programs.

GENERAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____ Contact Phone: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Position: _____

Work Phone: _____ Fax Number: _____

Date of Birth: _____ Gender: _____

Ethnic Group: Black White Hispanic Asian Arabic Native American Other

Handicaps or limitations that would affect your ability to perform certain tasks:

Email Address:

OTHER INFORMATION

In Case of Emergency Contact: _____

Relationship: _____ Phone: _____ Alternate #: _____

Do you have access to an automobile you can use for volunteer work? Yes No

A truck? Yes No

What days and hours are you available to do volunteer work?

Monday _____ Thursday _____
Tuesday _____ Friday _____
Wednesday _____ Weekends _____

List the name and phone number of three references (personal or business):

Name: _____ Phone#: _____
Name: _____ Phone#: _____
Name: _____ Phone#: _____

(The following page must be initialed and signed by volunteer in the presence of Posada staff.)

The strength of Posada depends heavily on the leadership of its volunteers. The agency prohibits any individual acting as a volunteer from receiving financial or other remuneration for services. **Initial** _____

By completing and executing this application, the undersigned agrees to uphold and abide by the agency's mission, policies and procedures. I specifically authorize Posada to contact any and all reference submitted in order to determine my suitability as a volunteer. **Initial** _____

Confidentiality Agreement

The privacy of clients must always be protected. No information of any kind is provided to anyone about a client without the client's permission.

Members of the press are not permitted on the premises, unless accompanied by staff. Clients are ordinarily informed in advance of the presence of the media at Posada.

Confidentiality Procedures

All employees, consultants, volunteers, contracting agencies and student interns shall comply with this agency's confidentiality procedures.

Information that identifies, or potentially identifies, a client will be treated as confidential and deserving of utmost privacy.

I have read the above and understand and agree to follow Posada's confidentiality policy and procedures as stated. Furthermore, I have been given a chance to ask and have explained to me any areas of this statement I felt I did not fully understand. My signature below indicates I understand and agree to follow Posada's policy and procedures on confidentiality. I understand that revealing a person's HIV status without their consent is a violation of Colorado State Law.

Signature

Date

Printed Name

Posada Staff Signature

Date