



GAY MEN'S HEALTH CRISIS

THE TERRY K. WATANABE VOLUNTEER CENTER
CONFIDENTIAL VOLUNTEER APPLICATION

NOTE: Please call 212/367-1030 to reserve your place for the one-and-a-half-hour Open House required of all potential volunteers. Please bring this completed application with you to the Open House. DO NOT MAIL THIS APPLICATION. Please print in ink. Answer only those questions which you feel comfortable answering

Form with fields: Date, Sex, Name, Address, City, State, ZIP Code, First Phone, Second Phone, Third Phone, May we send mail to the above address?, May we leave a message at any/all of the above phone numbers?, E-mail Address, Date of birth and ethnicity, Have you ever volunteered with GMHC before?, What did you do and when?, Are you a client of GMHC?, Briefly describe in the fields below any other previous volunteer work: (table), Occupation, Employer, Does your employer offer volunteer incentives or have a gift match program?, Briefly describe your previous paid work experience, if any, Education level completed, Licenses, certification or degrees (if any)

For office use only:

Form with fields: Open House, Interview, Orientation, PSVT/PCVT, RSVP, Additional, Assignment, Start Date

What brought you to volunteer at GMHC?

Which boroughs can you volunteer in?

When are you available to volunteer (days, evenings, weekends, etc.)?

Which of the current openings are you interested in at GMHC (see Volunteer Opportunities List)?

Is there anything special you need or expect from your work at GMHC?

Have you recently experienced a major life change (work, relationship, death of a loved one, etc.)?

Are there any limitations or commitments that would restrict your work at, or prevent you from making a commitment to GMHC?

How did you hear about GMHC?

In case of emergency, contact	Relationship
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Phone ()

Other than English, what languages do you speak? (Include ASL skills.)

	<input type="checkbox"/> Native Speaker	<input type="checkbox"/> 2nd Language	<input type="checkbox"/> Translator	<input type="checkbox"/> Teacher	<input type="checkbox"/> Interpreter
	<input type="checkbox"/> Native Speaker	<input type="checkbox"/> 2nd Language	<input type="checkbox"/> Translator	<input type="checkbox"/> Teacher	<input type="checkbox"/> Interpreter
	<input type="checkbox"/> Native Speaker	<input type="checkbox"/> 2nd Language	<input type="checkbox"/> Translator	<input type="checkbox"/> Teacher	<input type="checkbox"/> Interpreter

Please check those areas in which you possess skills and/or experience.

GENERAL	TRAINING
<input type="checkbox"/> Listen well	<input type="checkbox"/> Curriculum development
<input type="checkbox"/> Speak clearly	<input type="checkbox"/> Experienced trainer
<input type="checkbox"/> Write effectively	DIRECT SERVICE-CLIENT PROGRAMS
<input type="checkbox"/> Possess knowledge of HIV/AIDS	<input type="checkbox"/> Fine arts
<input type="checkbox"/> Public speaking	<input type="checkbox"/> Haircutting (licensed)
<input type="checkbox"/> Good phone skills	<input type="checkbox"/> Massage (licensed)
COMMUNICATIONS/PUBLIC RELATIONS	<input type="checkbox"/> Recreation therapy
<input type="checkbox"/> Copy writing	<input type="checkbox"/> Theater arts
<input type="checkbox"/> Publishing	<input type="checkbox"/> Arts and crafts
<input type="checkbox"/> Commercial art/graphic design	<input type="checkbox"/> Party entertainment
<input type="checkbox"/> Journalism	FOOD SERVICE
<input type="checkbox"/> Market research	<input type="checkbox"/> Dietetics/nutrition
<input type="checkbox"/> Photography	<input type="checkbox"/> Food preparation and management
<input type="checkbox"/> Other:	ADVOCACY/POLICY
TECHNICAL SKILLS	<input type="checkbox"/> Community organizing
<input type="checkbox"/> Word processing (desktop)	<input type="checkbox"/> Government (federal, state, or local)
<input type="checkbox"/> Type words per minute	<input type="checkbox"/> Hospital/patient advocacy
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Law
<input type="checkbox"/> Presentation software	<input type="checkbox"/> Public health
<input type="checkbox"/> Web design	MEDICAL/SCIENTIFIC
<input type="checkbox"/> Computer programming	<input type="checkbox"/> Licensed health care professional (MD,RN,NP, PA, LPN)
COUNSELING SKILLS	<input type="checkbox"/> Medical research
<input type="checkbox"/> Licensed therapist	<input type="checkbox"/> Chiropractic care
<input type="checkbox"/> Substance abuse counselor	<input type="checkbox"/> Scientific/technical writing
<input type="checkbox"/> 12-step recovery (AA, NA, OA, SCA, etc.)	Other skills and/or experience you possess:
<input type="checkbox"/> Peer educator	



PLEDGE OF CONFIDENTIALITY

I, *(please print)*, _____ am volunteering my time to work for Gay Men's Health Crisis (GMHC). I understand that in the course of my work for GMHC, I may learn certain facts about individuals being served by GMHC that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members, and the like. I understand that all such information must be treated as completely confidential. I understand that all HIV-related information is protected under the New York State confidentiality law and I agree to abide by the provisions of that law. I may also learn facts about an individual's alcohol and drug history, and in accordance with federal law this information must be kept confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with GMHC and authorized by GMHC to have such information.

I further agree to keep confidential all information I may learn about GMHC volunteers, paid staff, or individuals who make donations to GMHC.

Signature

Date