

**ACR HEALTH VOLUNTEER/INTERN APPLICATION**

# (315) 475-2430 VOLUNTEER@ACRHEALTH.ORG

All information requested is kept strictly confidential

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Language (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Volunteer Experience** | | | | |
| **Agency** | **Position** | **Description** | **Supervisor** | **Dates** |
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**Availability:**

Monday \_\_\_\_\_\_\_\_\_\_\_AM\_\_\_\_\_\_\_\_\_\_PM Friday \_\_\_\_\_\_\_\_\_AM\_\_\_\_\_\_\_\_\_PM

Tuesday \_\_\_\_\_\_\_\_\_\_ AM\_\_\_\_\_\_\_\_\_\_PM Saturday \_\_\_\_\_\_\_AM\_\_\_\_\_\_\_\_\_PM

Wednesday \_\_\_\_\_\_\_\_AM\_\_\_\_\_\_\_\_\_\_PM Sunday \_\_\_\_\_\_\_\_AM\_\_\_\_\_\_\_\_\_PM

Thursday \_\_\_\_\_\_\_\_\_\_AM\_\_\_\_\_\_\_\_\_\_PM

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please place a checkmark next to any area that you are interested in volunteering:

\_\_\_\_ Administrative

\_\_\_\_ Family and Youth Services (The Q Center)

\_\_\_\_ Development/Fundraising Events

\_\_\_\_ HIV, STI, Hep. C Prevention and Outreach

\_\_\_\_ Syringe Exchange Program

\_\_\_\_ Education and Community Outreach: distributing agency information at community events

\_\_\_\_ No-Hitch Luncheon: First Thursday of the month 9 AM – 1 PM, prepare and serve lunches

\_\_\_\_ Professional Services: (your professional expertise)

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pledge of Confidentiality

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am volunteering my time to work at ACR Health. I understand that in the course of my work for ACR Health, I may learn certain facts about other volunteers or individuals being served by ACR Health that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, sexual orientation, employment, relations with family members and the like. I understand that all such information must be treated as completely confidential. In accordance, with Public Health Law 27-F, I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with ACR Health and authorized by ACR Health to have such information, without the specific consent of the individual to whom such information pertains.

# VOLUNTEER

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

Sign Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

# STAFF SUPERVISOR

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

Sign Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_



**EMERGENCY CONTACT INFORMATION**

Volunteer/Peer/Intern Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Name*

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Volunteer/Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it OK to share this information with your placement supervisor? \_\_\_\_\_Yes \_\_\_\_\_No

Supervisor’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer/Intern Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERNSHIP APPLICANTS:**

Current College/University and Major:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Interested in:

Opioid Overdose Prevention Intern Program Assistant

Syringe Exchange Program Intern

Administrative Internship

Development Intern

Q Center Intern

Social Media Intern

Support Services Intern

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| --- | --- | --- | --- | --- |
| **WORK EXPERIENCE** | | | | |
| **Company** | **Position** | **Address** | **Supervisor** | **Date** |
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**Q CENTER APPLICANTS:**

Do you have your own transportation: ☐ Yes ☐ No

Do you have a valid driver’s license: ☐ Yes ☐ No

Do you have auto insurance? ☐ Yes ☐ No

Please list policy limits and name of carrier:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted or pled guilty to a crime (misdemeanor or felony) involving abuse, neglect or misconduct involving a child, family court proceedings involving abuse or neglect, or do you have any charges pending against you?

☐ Yes ☐ No

If yes, please provide a written explanation or other pertinent information.

Can you make a one-year commitment to this role? ☐ Yes ☐ No

Please tell us about any previous experience working with youth:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What qualities do you have that would help you work professionally with youth and young people?

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**Q CENTER APPLICANTS:**

Tell us about any previous experiencing working with the LGBTQ Community

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| **EDUCATIONAL BACKGROUND** | | | | | | |
| **School** | | **Dates Attended** | | | **Field of Study** | |
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| **WORK EXPERIENCE** | | | | | | |
| **Company** | **Position** | | **Address** | **Supervisor** | | **Date** |
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**Guidelines for Volunteers/Interns Working With LGBTQ+ Youth**

1. Interns are responsible for maintaining a safe, supportive, and confidential space for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth to meet, socialize and support each other.

2. The function of Volunteers/Interns is one of information resource, role model, and supportive group leader – not therapist, caretaker, advice-giver, or friend.

3. Interns are not to meet or establish any type of relationship with Youth in the program outside of the program setting unless they have the explicit permission of the Director of Youth Family, and Education Services or the Program Manager regardless of the youth’s age. (Remember, as an intern of ACR Health, you are in a position of authority and power). Transparency is mandatory regarding all relationships between youth and volunteers/interns.

4. As an intern of the program, drugs, alcohol, weapons, or sex should not be involved in any interaction between Volunteers/Interns and Youth Group members.

5. If Volunteers/Interns cannot make a scheduled shift, they should contact their assigned program staff or Program Coordinator as soon as possible so a replacement can be found. (Finding another volunteer to cover for you is appreciated)

6. If Volunteers/Interns are having difficulty with a situation or a particular youth, they should consult with other volunteers/interns on the team and contact the Program Coordinator, Program Manager or Director of Youth, Family, and Education Services.

7. Volunteers/Interns are responsible for developing a relationship with the parent/guardian of youth for the purpose of encouraging family involvement and support of their child.

8. Volunteers/Interns should not leave the premises until the last youth has been picked up by their ride.

9. Volunteers/Interns are responsible for cleaning up the space and securing the building at the end of programming (i.e., lights off, doors locked and room back in order). Youth should be part of the cleanup process.

10. Agency keys/fobs issued to Volunteers/Interns are not to be given to anyone or used for any purpose other than facilitation of youth groups, assisting with afterschool/drop-in and/or special events.

11. Volunteers/Interns must not take any action that jeopardizes the legal, financial, and/or public image of ACR Health or its programs. Such actions could result in the termination of your internship status.

12. As Interns, you are the staff representative of LGBTQ Youth Programs and ACR Health. Please represent us well.

**FAILURE TO ADHERE TO THE ABOVE GUIDELINES IS GROUNDS\FOR DISMISSAL FROM THE YOUTH PROGRAM.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to adhere to the above Guidelines.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

**SEP PEER APPLICANTS**

Are you available during night hours?

Yes. What days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Populations interested in working with (select up to 3):

Women

Men who have Sex with Men (MSM)

Black people, Indigenous people, People of Color (BIPOC)

Youth

People Who Use Drugs (PWUD)

People Engaged in Sex Work (or trading sex for money, drugs, or housing)

LGBTQIA Individuals

Seniors

Are you able to work with persons under the age of 18? Yes No

Why do you think you will be effective in reaching and working with the population(s) you selected?

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| --- |
| Population #1: |
|  |
|  |
| Population #2: |
|  |
|  |
| Population #3: |
|  |
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**SEP PEER APPLICANTS:**

What activities are you interested in participating in as a peer educator? (Select all that apply):

Street outreach (client recruitment)

HIV/STI/Hepatitis educational presentations

Group facilitation (includes trainings)

Assist with community events (health fairs)

One-on-one prevention counseling

Client advocacy

Data entry

Naloxone training (Narcan)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What characteristics or attributes do you possess that you think would make you a good Peer Educator?

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