



VOLUNTEER APPLICATION

- All information to remain confidential -

PLEASE PRINT CLEARLY

Name: _____ Today's Date: _____

Address: _____ Birthdate: _____

_____ Home Phone: (____) _____

_____ Work Phone: (____) _____

OK to call at work? yes no

e-mail: _____

Occupation: _____

• How are you interested in helping out? (*requires specialty training before beginning your volunteer work)

Emotional Support *

Spiritual Support *

Administrative Support *

Cleaning/Maintenance*

Transportation/Errands*

Kitchen

Fundraising Events

Other: _____

• How did you hear about Maitri?

• What times are you available?

• What types of volunteer work have you done?

• Have you participated in any hospice or other applicable training?

yes no If yes, please elaborate:

- Do you have any special skill you'd like to offer Maitri (i.e., bodywork, music, haircutting, art therapy, etc)?
yes no *If yes, please describe:*

- Have you ever had a communicable disease that could now be a potential risk to a person with AIDS?
yes no *If yes, please describe:*

- Do you have any condition which puts you at risk for contracting a communicable disease?
yes no *If yes, please describe:*

- In the last six months, have you experienced a major life change (i.e., death or other loss; change in job, living situation or relationship, etc.)? yes no *If yes, please describe:*

- Are you able to meet the time commitment of four hours per week for six months?
yes no *If no, please elaborate on your availability:*

Please answer the following to help us get to know you a little better. Thank you.

1. Why do you want to volunteer at Maitri?

5. Tell us a little about the sources of spiritual and/or emotional support in your life.

6. Anything else you would like us to know?

Please feel free to use another sheet of paper if you need more space. We appreciate the time and thought involved in completing this application. Thank you for your interest and support. Please return this application to: Volunteer Coordinator, Maitri: Residential Care for People Living with AIDS, 401 Duboce Avenue, San Francisco, CA 94117. Please feel free to call us at 415-558-3000.

PLEASE PROVIDE US WITH THREE (3) REFERENCES:

NAME : _____

Who is this person in relation to you? _____

Phone (h) _____ (w) _____

NAME : _____

Who is this person in relation to you? _____

Phone (h) _____ (w) _____

NAME : _____

Who is this person in relation to you? _____

Phone (h) _____ (w) _____

RELEASE AND WAIVER OF LIABILITY

The Release and Waiver of Liability executed on this _____ day of _____ in the year _____ by _____ ("Volunteer"), in favor of Maitri, a California nonprofit corporation ("Maitri"), its directors, officers, employees, and agents.

The Volunteer, with full knowledge of his/her rights, does hereby freely, voluntarily, and without duress execute this Waiver and Release under the following terms:

- 1. Waiver of Worker's Compensation Claims. The Volunteer individual intends to participate as a volunteer in the Project and will receive no compensation or remuneration for services.

California Labor Code Section 3352(1) does not require nonprofit organizations to provide worker's compensation insurance coverage for volunteers performing services for the nonprofit organization.

Maitri does not provide worker's compensation for volunteer participants.

- 2. Waiver and Release. Volunteer does hereby freely release and forever discharge and hold harmless Maitri and its successors and assigns from any and all liability, claims, damages, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in the Project.

Volunteer understands that this Release discharges Maitri from any liability or claim that the Volunteer may have against Maitri with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's participation in the Project. Volunteer also understands that Maitri does not assume any responsibility for or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance.

- 3. Medical Treatment. Volunteer does hereby release and forever discharge Maitri from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's participation in the Project.

- 4. Assumption of the Risk. The Volunteer understands that the Project may include activities that may be hazardous to the Volunteer, and the food and medical facilities may be donated to Maitri and beyond the control of Maitri.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities of the Volunteer's participation in the Project.

- 5. Insurance. The Volunteer understands that Maitri does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is expected and encouraged to arrive with medical or health insurance in effect.

- 6. Photographic Release. Volunteer does hereby grant and convey unto Maitri all right, title, and interest in any and all photographic images and video or audio recordings made by Maitri during the Project, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs and recordings.

- 7. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California. Volunteer agrees that, in the event that any clause or provision of this Waiver and Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Waiver and Release which shall continue to be enforceable.

In Witness Whereof.: Volunteer has executed this Waiver and Release as of the day and year first above written:

Witness: _____ Volunteer: _____

Address: _____

Phone (home): _____

(work): _____

Emergency Contact: _____

Phone(s): _____

STATEMENT OF VOLUNTEER RESPONSIBILITIES

I, _____ (fill-in name), agree to serve as a Maitri volunteer.

As a volunteer, I understand that the following is required of me:

1. A minimum of a six-month commitment of four hours weekly. This contract will automatically renew unless I notify the Volunteer Coordinator to terminate this agreement. If I am unable to commit to a full six months (as in the case of some students, interns, or temporary residents), my commitment period is _____ (fill-in).
2. Reliability: If I am unable to make my regular shift, I will notify the Volunteer Coordinator, LVN or Nurse on duty or other staff member in advance.
3. Communication: I will inform the Volunteer Coordinator or other staff member (i.e. Nurse on duty, Program Director, Assistant Program Director) of any significant changes in a resident's status. This includes reporting any signs of abuse, suicide ideation and/or anything else of concern.
4. Confidentiality: I will respect confidentiality in regard to all information gained in the course of my work.
5. Continuing Education and Support: I will regularly attend either support group meetings or educational in-services. I understand that I am asked to attend at least one such event per month.
6. If using my vehicle in the course of my volunteer work, I will maintain my car insurance as required by law and possess a current California Driver's License.

In addition to the above, I attest to the following:

1. I have read and understand the Volunteer Program Guidelines materials provided to me by the Volunteer Coordinator.
2. I have a working knowledge of Universal Precautions.
3. To the best of my knowledge, I am physically fit and able to do this work.
4. I am aware that HIV-positive and/or immune-compromised individuals are at increased risk for Tuberculosis.

Volunteer

Date

Coordinator

Date

ABUSE Reporting Obligations for Maitri Employees and Volunteers

California State law requires that incidents of suspected physical abuse of children, elders, spouses, and dependent adults be reported on a timely basis. Maitri interprets the laws to apply to all Maitri staff and volunteers, including direct care subcontract employees.

Laws Establishing the Obligation to Report Physical Abuse

Children	Section 11166 of the California Penal Code
Elders and Dependent Adults	Section 15630 of the Welfare and Institutions Code
Spouses	California Assembly Bill 1652

Summary

These laws establish both a duty to report as well as immunity from civil and criminal liability for the person whose duty it is to report. The duty is always that of the individual rather than the health facility. Note: these laws only cover physical abuse.

Reasonable Suspicion of Physical Abuse

Reasonable suspicion of physical abuse may be made by observation of wounds or injuries where the nature of the injuries, their location on the body, or the repetition of the injury clearly indicate that physical abuse has occurred, or by a victim stating that he or she has experienced behavior constituting physical abuse.

Reporting Obligations

By Telephone **As Soon As Possible** to
Child/Adult Protective Services or Local Law Enforcement Agency

AND

In Writing **Within 36 hours** to
Child/Adult Protective Services or Local Law Enforcement Agency

Instances Observed by Two or More Individuals

When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of physical abuse, and when there is agreement among them, reporting may be made by a mutually agreed upon person and a single report made. Any person who has knowledge that the person designated to report has failed to do so, shall thereafter make the report.

Penalties for Failure to Report

Failure to report instances of physical abuse is a misdemeanor punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than one thousand dollars or by both.

Acknowledgment

I acknowledge the provisions of these laws and will comply with their requirements.

Name (please print): _____

Signature: _____

Date: _____