



# VOLUNTEER APPLICATION

-All information to remain confidential-  
PLEASE PRINT CLEARLY

Name: _____	Today's Date: _____
Address: _____	Birthdate: _____
_____	Home Phone: (     ) _____
_____	Work Phone: (     ) _____
City/St/Zip	OK to call at work? <input type="checkbox"/> yes <input type="checkbox"/> no
e-mail: _____	
Occupation/Place of Employment _____	

• How are you interested in helping out? Check all that apply

*(\*requires specialty training before beginning your volunteer work)*

*(\*\* Volunteering at fundraising events is a wonderful opportunity to support Maitri while having memorable fun. No special training is required and fundraising event volunteers do not need to commit beyond the event itself, i.e., six month commitment not required. Fundraising event volunteer tasks range from helping set-up to selling tickets and more.)*

- Emotional & Practical Support \*     Spiritual Support \*     Administrative Support \*
- Fundraising Event Support \*\*     Transportation/Errands
- Bodywork \_\_\_\_\_\*     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?

2. Describe your personal experience with AIDS or other life-threatening illness(es) and how this has affected you.

3. Describe your personal experiences with death, grief, and any feelings you may have about the grieving process.

4. How do you feel about working with people with serious physical limitations or altered physical appearance resulting from AIDS and/or medical treatments?

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.*

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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