



or

*The mission of Mujeres Unidas Contra el SIDA is to provide a safe environment for bilingual/ bicultural, support services, and education to Latinas and families living with*

*impacted by HIV/ AIDS by unifying the Latino community in the fight against this epidemic.*

Yolanda Rodriguez-Escobar, LMSW  
Founder & Executive Director

## ***Volunteer/ Member Application***



AGE TRACK

- 13-17
- 18-24
- 25-36
- 36-\*\*

## Volunteer/ Member Application

All information is confidential and is used only by Mujeres Unidas

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Gender:  M  F  T

SSN# \_\_\_\_\_ Visa or right to work documentation \_\_\_\_\_

Is it O.K. to identify **Mujeres Unidas** when calling or leaving a message at home or at work?  Yes  No

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell(Optional) (\_\_\_\_\_) \_\_\_\_\_

Are you employed?  Yes  No Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Level of Education \_\_\_\_\_ School: \_\_\_\_\_

Volunteer Experience (Specify Dates):  
 \_\_\_\_\_  
 \_\_\_\_\_

Briefly state why you wish to perform volunteer work \_\_\_\_\_

Emergency Contact/Reference: Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Any Health Alerts in case of emergency: \_\_\_\_\_

**I can Speak:**  Spanish  Read Spanish  Write Spanish  Understand Spanish, but do not speak it.

**I can volunteer:**  Days  Evenings  Weekends

**Please indicate which days and hours you are available**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Method of Transportation:**  Public Transportation  Private Vehicle  Other \_\_\_\_\_

**Valid ID or Driver's License Number** \_\_\_\_\_ **State** \_\_\_\_\_

# Application Volunteer/Member (cont)

Have you ever been convicted of a felony?  Y  N

If Yes, please explain: \_\_\_\_\_

**Skills you can offer:**

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Outreach     | <input type="checkbox"/> Decorating for Events | <input type="checkbox"/> Spoken Spanish Translation                 |
| <input type="checkbox"/> Photography  | <input type="checkbox"/> Computer Graphics     | <input type="checkbox"/> Written Spanish Translation                |
| <input type="checkbox"/> Catering     | <input type="checkbox"/> I can use a Computer  | <input type="checkbox"/> I am certified through American Red Cross. |
| <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Childcare Worker      |   |
| <input type="checkbox"/> I Can Cook   | <input type="checkbox"/> Editing               |   |

**Other Skills/Training I can Offer:** \_\_\_\_\_

**Organizations or affiliations:**

**Ethnicity:** (optional) Choose more than one if multi-racial.

- Latina/o  African American  American Indian  Asian/Pacific Islander  Caucasian  Other (Enter Below):

By signing the below, I am agreeing that the information in this application is true to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



## Consent for Background Screening

I am hereby authorizing Mujeres Unidas Contra el SIDA to perform a background screening at their discretion for the sole purpose of verifying application and resume information. Refusal to consent for the background screening will prevent Volunteer with the Mujeres Unidas Contra el SIDA organization.

Consent to perform screening

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Refusal to Consent to perform screening

Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Mujeres Unidas Contra el SIDA Confidentiality Agreement

*Mujeres Unidas Contra el SIDA*, requires all staff, volunteers, and members to follow the **Mujeres Confidentiality Policy**.

The **Communicable Disease Prevention and Control Act** makes all communicable disease records, including STDs, HIV, and TB, confidential. The **Texas Health and Safety Code** provides civil and criminal penalties against anyone who violates the confidentiality of persons protected under the law.

### CONFIDENTIAL, PRIVILEGED, AND PRIVATE INFORMATION

Staff, volunteers, and members may deal with information in reports, records, correspondence, and other documents that may be privileged, confidential, private, or a combination of two or more. If information is "confidential," it is generally information that should be kept secret and that is given to another person who is in a position of trust. "Privileged" information protects a person who has either given or received confidential information from having to reveal information in a legal proceeding. "Private" information that contains "highly intimate or embarrassing facts about a person such that its disclosure 'would be highly offensive to a (reasonable) person . . .'" and is not of legitimate concern to the public or might hold a person up to the scorn or ridicule of his or her peers if made public is made confidential by the common law doctrine of the right to privacy.

### POLICY REQUIREMENTS

Securing confidential, private, and/or privileged information is vital. All staff, volunteers, and members must comply with the following procedures to achieve and maintain integrity of information:

- All staff, volunteers, and members must sign a statement of confidentiality assuring compliance with **Mujeres Confidentiality Policy**. The signed statements will be filed with personnel, volunteer, or member files.
- Individual case/client information, including demographic data and client contacts, may not be released or discussed as to make public, except as provided by law.
- Confidential files, including computer diskettes, must be placed in a locked container or otherwise secured during transport or when not in use.
- Professional employees (e.g., physicians, registered nurses, educators, counselors, etc.) or employees supervised by or providing support to *Mujeres Unidas Contra el SIDA* may be subject to additional rules of confidentiality.

Initials \_\_\_\_\_ Date \_\_\_\_\_

FAILURE TO COMPLY

Refusal of an employee, volunteer, or member to sign the Confidentiality Agreement is grounds for termination of a *Mujeres Unidas Contra el SIDA* relationship.

Improper release or disclosure of privileged, confidential, or private information may subject an employee, volunteer or member to adverse action, up to and including termination of relationship with *Mujeres Unidas Contra el SIDA*. Employees, volunteers, or members may also be subject to civil monetary penalties, criminal penalties, or liability for monetary damages for such an infraction.

I have read the above policy and understand that as an employee, volunteer, or member of *Mujeres Unidas Contra el SIDA*, I am bound by the above stated policy and that violation of said policy may result in consequences up to, and including, termination of relationship with *Mujeres Unidas contra el SIDA* in addition to possible civil and criminal penalties.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date