



MISSION STATEMENT:

To reduce the impact of HIV, AIDS & hepatitis B/C.

VISION:

Communities with no new infections (HIV, AIDS or hep B/C) and in which basic needs are met and everyone is empowered to live to their full potential.

ENDS POLICIES:

- To reduce the incidence of HIV infections by 50% over the next five years in the following populations of concern:
 - MSM
 - Men Who have Sex with Men
 - Gay Men
 - Bi-sexual men
 - People who share needles and drug paraphernalia
 - People who are aboriginal
 - Women
 - Youth
 - Seniors

- To support those infected and affected based on the Public Health Agency of Canada – Principles of Population Health, and the BC Ministry of Health – Social Determinants of Health, to improve the quality of life.
 - LPRC will strive to provide relevant, responsive and accessible services to diverse groups of people living with HIV, AIDS, hep C and blood borne pathogens. LPRC will continue to play a lead role in direct and joint programming in the areas of support, incidence of HIV, hep C and other blood borne pathogens, health promotion, advocacy and referral services. These will include counseling, support groups, practical assistance, employment support, and information services. LPRC will work with partner agencies in providing services for people living with HIV, AIDS, hep C and other blood borne pathogens.

- To facilitate partnerships and collaboration with Public and Private Agencies.

- To educate and advocate to governments and other funding bodies on issues related to HIV, AIDS, hep C and other blood borne pathogens.

Commitment to our Volunteers

Volunteers are a critical component of the Living Positive Resource Centre. Your unique needs and skills are recognized by our staff. We applaud the contributions you make to the organization.

LPRC provides a supportive and safe environment in which to encourage self-empowerment, self-development, self-esteem and fulfillment of the whole individual.

Volunteer Commitment to LPRC

Volunteers of the Living Positive Resource Centre are committed to the values and mission of the organization. We work in partnership with the staff to reduce the incidence of HIV, AIDS and hepatitis in the Okanagan and support those infected and affected.

As representatives of the organization, we are committed to living by and promoting the guiding principles of the Agency. We are committed to confidentiality and respect for each person; we work in collaboration with the staff to create and maintain a positive public image. Within this framework, we will utilize and develop our skills and assets to their highest potential for the benefit of the community.

Administrative Statement

The Executive Director and Administrative Manager of the Living Positive Resource Centre provide the means by which the various departments and programs of the organization operate in carrying out our mission. The administration empowers and coordinates the staff and volunteers of the organization to achieve its goals and objectives within the framework of our guiding principles. Through a team building and community partnering approach the administration ensures that the goal of reducing the impact of HIV, AIDS and hepatitis in our community are met in an ethical and effective manner.

Our Client-centered Approach

We use a client-centered approach, to provide holistic, systematic care and prevention for individuals infected, or affected with HIV, AIDS, hepatitis and other blood borne pathogens. We develop community partnerships to provide resources, support, education and awareness in a way that supports individuals to empower themselves and enhance their quality of life.



VOLUNTEER APPLICATION FORM

Date of Application:

Day: _____ Month: _____ Year: _____

Personal Data;

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Email: _____

Can you be contacted by postal service? Yes No

Phone: Day _____ May we leave a message? Yes No

Evening: _____ May we leave a message? Yes No

Fax: _____ Discretion Required? Yes No

Birthdate: _____ Sex: Male Female

Emergency Contact Person: _____

Relationship: _____ Phone: _____

How did you hear about volunteering at the centre?

Newspaper, radio, TV? Yes No
 If yes, name the paper or program: _____

Other volunteer/staff? Yes No
 If yes, who? _____

At a centre presentation? Yes No

If yes, what event? _____

Other: _____

Why do you want to volunteer for the center?

Please give two or more reasons why you want to volunteer at the centre.

Experience

To support people with HIV/AIDS/Hepatitis

Expand Skills

Other: _____

Know someone with HIV/AIDS/Hepatitis

Have you volunteered for the centre before?

Yes No

If yes, what did you do?

And when?

Skills:

People Management:

Volunteer Coordination

Conflict Resolution

Special Events:

Event Registration

Security

Arts:

Writing

Graphic Arts

Administration:

Reception

Bookkeeping

Filing Systems

Creating correspondence

Computer Skills:

Word-processing

Spreadsheets

Internet

Other

Center Services:

Therapies (specify)

Haircuts

Income tax

Other (specify)

Maintenance & Physical Labor:

Cleaning

Setup, Take Down of Events

Deliveries

Public Relations:

Fundraising

Event Promotions

Public Relations

Media Relations

Public Speaking

Experience:

Please write about any experience or skills that you can bring to the centre.

Specialized Experience:

Have you had any experience working with People with HIV/AIDS/Hepatitis, gay and lesbian, ethno-cultural, multi-diagnosed, bisexual, transgender or intravenous drug communities? If so, please explain: _____

Availability:

Please check times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
8:30-12:30 pm						
12:30-4:30 pm						
4:30-8:00 pm						

Are you flexible? Yes No

Languages:

Please indicate language(s) in which you communicate:

Vehicle Availability:

Do you have a vehicle? Yes No

Are you willing to do transportation of People with HIV/AIDS/Hepatitis and or/ pickups and deliveries? Yes No

Do you have proof of insurance? Yes No

Do you have a: Car Truck Station wagon Van

Personal Experience:

Have you had any contact with the Centre or another AIDS Organization?

No Yes If yes, please explain. If yes, where and when?

What personal characteristics would you bring to the Centre as a volunteer?

What past volunteer experience do you have?

What did you enjoy the most about your previous volunteer experience?

What did you enjoy the least?

What is your knowledge or experience with alcohol and/or substance abuse?

You may be required to have a criminal record search? Is this a concern to you?

No Yes If yes, please explain.

What experience do you have in relating to people who are gay, or live an alternative lifestyle? Please give details.

Have you ever spent time with someone who is sick or dying?

Have you recently experienced a loss? (i.e. death, loss of a job, relationship, etc.)

No Yes If yes, please explain.

What stresses are you currently experiencing that may affect you as a volunteer?

How do you handle stress and emotional difficulties in your own life?

What kinds of things do you do in your leisure time?

How much time do you spend on these activities?

What do you like most about yourself?

What would you like to change about yourself?

Why do you want to volunteer with the Living Positive Resource Centre?

Thank you for expressing an interest in serving your community by volunteering at the Living Positive Resource Centre.

PRIVACY STATEMENT

The personal information you provide in this form is collected in compliance with *LIVING POSITIVE RESOURCE CENTRE* Privacy Policy. *LIVING POSITIVE RESOURCE CENTRE* will use it exclusively to correct your personal information. If you have any questions, please contact our Privacy Officer.



Confidentiality Agreement

I, _____, as a Living Positive Resource Center employee, practicum student, volunteer or contractor do hereby agree to protect all confidential information acquired in the course of my involvement with the Living Positive Resource Centre. Confidential information includes but is not limited to:

- 1.1) Information relating to the agency including financial, administrative and personnel matters.
- 1.2) Information relating to clients receiving services through the Living Positive Resource Centre, either now or in the past.
- 1.3) Information relating to other agency personnel, as pertaining to either their personal life or working conditions.

I will disclose confidential information only when properly authorized to do so or when legally or professionally required to do so.

I understand that a breach of this agreement could result in the termination of my association with the agency and possibly legal action being taken against me.

I understand that this agreement will continue to be valid after I cease to be associated with the agency.

Signature

Date

Witness Signature

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Volunteer Agreement

I, _____ enter into this agreement with the Living Positive Resource Centre, Okanagan. I agree to serve in this capacity of volunteer for one year (or shorter length agreed upon service). *Should I wish to continue my volunteer work after this one-year period, I understand that the term outlined in this agreement will remain binding.*

To the best of my ability, I agree to fulfill volunteer responsibilities as outlined in the job description. I agree to abide by all Living Positive Resource Centre policies and procedures, as conveyed to me by my supervisor or Living Positive Resource Centre administration.

I fully understand that the services I provide Living Positive Resource Centre are to be rendered without any expectation of personal remuneration or gain of any kind, financial or otherwise.

I agree to provide services in a non-judgmental manner, without regard to sexual orientation, gender, race, religion, physical capabilities, educational level, political opinion or income. As a Living Positive Resource Centre volunteer, I am willing to be open-minded and to learn about others' cultures and values.

I agree to provide quality services as a Living Positive Resource Centre volunteer. I also agree to refer clients' requests for services, for which I am not specifically trained, to appropriate agencies, staff, and volunteers as needed.

I agree to attend training sessions and team/supervisory/support meetings that are required of this position.

I agree to complete any forms and reports required of this position fully, accurately, and in a timely manner.

I agree to be receptive to the constructive suggestions and guidance of the coordinator of my chosen program. I agree to bring any problems that may arise in the course of my volunteer service directly to the volunteer coordinator for resolution before approaching other agency personnel.

I recognize that, as a volunteer of the Living Positive Resource Centre, my role is to provide services that are in the best interest of the agency and its clients. If a situation should arise that might cause a conflict of interest, I agree to inform my supervisor.

I realize that if I do not comply with said policies, I may forfeit my right to act in a volunteer capacity and may be asked to terminate my association with this organization.

Volunteer's Signature: _____

Volunteer's Address: _____

Phone: _____

Date: _____

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Reference and Release Form

I understand and accept the following:

- The information supplied is treated confidentially and will be used for processing my application. I am under no obligation to work as a volunteer for the Living Positive Resource Centre and Living Positive Resource Centre is under no obligation to accept my services.
- Living Positive Resource Centre sees the need to screen volunteers in order to ensure the protection of our clients. We require three reference from people who haven known you for at least a year. Two general references should be in a capacity where they can give an objective assessment of you suitability for involvement as a volunteer with use. The other reference should be a family member or a close friend.

Please Print:

1. Name: _____
Address: _____
Postal Code: _____
Relationship: _____
Phone: _____
2. Name: _____
Address: _____
Postal Code: _____
Relationship: _____
Phone: _____
3. Name: _____
Address: _____
Postal Code: _____
Relationship: _____
Phone: _____

Your Name: _____

Your Signature: _____

Date: _____

She/He understands the meaning and depth of others emotions.	0	1	2	3	4	5
She/He treats others honestly and respectfully.	0	1	2	3	4	5
She/He has good common sense.	0	1	2	3	4	5
She/He does not judge others.	0	1	2	3	4	5
She/he gets along well in unstructured situations	0	1	2	3	4	5
She/He acknowledges other people's uniqueness and potential growth.	0	1	2	3	4	5
She/He is emotionally stable when faced with problems.	0	1	2	3	4	5
She/He follows through on commitments.	0	1	2	3	4	5

To the best of your knowledge, is the applicant alcohol or other drug dependent? If yes please explain.

Would you like to have this applicant around you, if you were seriously ill, or in a difficult situation? Why or why not?

Date: _____ Referee's Signature: _____



General reference form

Applicant's Name: _____

Referee's Name: _____

Referee's Address: _____

Postal Code: _____ Phone: _____

In what capacity do you know this person? _____

For how long? Years: _____ Months: _____

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I know the applicant:

- A little
- Fairly well
- Quite well
- Exceptionally well

From your perspective, does the applicant have the emotional stability, maturity and physical health to act as a support for someone who is seriously ill or dying?

Yes No Please explain: _____

Does the applicant follow through on his/her obligation/commitments? Please comment.

Can the applicant work independently?
If "No" please explain/comment.

Yes

No

To the best of your knowledge, how does the applicant respond to people under difficult circumstances?

Does the applicant have any problem with alcohol or other drugs? Please comment.

If you were seriously ill, would you want this applicant as your home support and friend? Why or why not?

What kinds of personal or psychological challenges does the applicant have that *might* affect a one on one relationship with a client of the Living Positive Resource Centre? Please comment.

Do you have any other information pertinent to this applicant's request to be a volunteer at the Living Positive Resource Centre?

Date: _____ Referee's Signature: _____



General reference form

Applicant's Name: _____

Referee's Name: _____

Referee's Address: _____

Postal Code: _____ Phone: _____

In what capacity do you know this person? _____

For how long? Years: _____ Months: _____

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If "No" please explain/comment.

Yes

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Do you have any other information pertinent to this applicant's request to be a volunteer at the Living Positive Resource Centre?

Date: _____ Referee's Signature: _____



Release from Liability

1. I understand that the Living Positive Resource Centre is a non-profit society formed for the purpose of promoting education, awareness, prevention and support for individuals and communities infected and affected by HIV, AIDS and hepatitis in the greater Okanagan Region.
2. I understand that my association with the Living Positive Resource Centre as a volunteer will be considered and kept completely confidential as will all information, personal and otherwise, shared within the context of this service. Any breach of this confidentiality will not be tolerated and will result in the offending individual's removal from the program and expulsion from any membership within the agency..

By signing below, I affirm that:

- (i) I am over the age of 18, otherwise the signature of my legal guardian appears beside mine below.
- (ii) As a parent or guardian I verify that I have read this release form and do not object to my youth/family member volunteering at the Living Positive Resource Centre
- (iii) This Release from Liability is binding on me without the consent or approval of any individual, entity, or court and,
- (iv) That I have read, I understand and agree to observe the contents of this Release from Liability.

Participant/Parent/Guardian (Print Name)

Participant/Parent/Guardian (Signature)

This person did read and appeared to understand this release before signing.

Witness (Print Name)

Witness (Signature)

Date

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