

HIVCareLink Volunteer Contract

I understand that HIV Care Link is a ministry that completely depends upon its volunteers in order to function. Therefore, I, as a volunteer, am responsible for the success of this organization. My conduct while performing services reflects the Christian attitude, philosophy and values of HIV Care Link and its reputation is dependent upon my words and actions.

I am fully committed to working at HIV Care Link and can be depended upon to carry out the responsibilities that I have agreed to. I will maintain **open communication** with HIV Care Link staff, sharing my ideas and concerns and responding promptly HIV Care Link calls, e-mails, and letters. If for any reason I cannot keep my commitment, I will notify an HIV Care Link staff member with as much notice as possible.

I will hold in strict **confidence** any information of a sensitive nature. To respect and honor the **confidentiality** and privacy of the participants of HIV Care Link, all staff, board members, and volunteers of HIV Care Link must not discuss information with or provide copies of reports about a participant, regardless of how or where acquired, to family members, friends, professional colleagues, other volunteers, other participants, or any other person, unless such person has written authorization from the participant to have access to that information. I understand that all information, regardless of how or where acquired, including name, gender, address, telephone, and disease status, sexual orientation, drug use, or any diagnosis, test results, or the fact that a test has been performed, regarding all current and previous participants must be kept **confidential**. I further understand this agreement shall continue to bind me even though my involvement has ended, and that unauthorized use or disclosure of any private information is a breach of the terms of my involvement. Such a breach will result in immediate termination of my involvement and could also result in a fine of up to five thousand dollars or imprisonment in the county jail for up to twenty-four months, or by both such fine and imprisonment.

I also agree that during my scheduled time as a volunteer for HIV Care Link, I will abstain from using alcohol, illegal substances, or other substances that would impair my ability and that I will not volunteer for HIV Care Link while under the influence.

In addition, I will treat all other volunteers, staff, participants and visitors with respect and will be courteous when dealing with others. As a volunteer for HIV Care Link, **I will not discriminate** on the basis of race, color, religion, national origin, gender, age, sexual orientation, gender variance, marital status, HIV or other disease status, military status or physical or mental disability. I will do my best to **respect the diversity of opinions and the dignity of people** that I come in contact with.

I agree that I shall not drive for HIV Care Link without a valid driver's license and my own vehicle insurance as required by Colorado state law. In the event that I do not understand my responsibilities, I will ask for guidance.

I give permission for the future use of my name and picture in any HIV Care Link related materials.

I understand that HIV Care Link reserves the right to dismiss the services of any volunteer for any reason and at any time without notice.

I have read and understand the above information.

Printed Name: _____ Email: _____

Signature: _____ Date: _____