



“Proudly Serving the LGBT Community Since 1983”

Hartford Gay & Lesbian Health Collective

Volunteer Application

Today's Date _____

Name _____

Home Address _____

Home Phone _____

Work Address _____

Work Phone _____

Other Phone _____

Email Address _____

Work Experience _____

Volunteer Experience _____

Day(s) and Time(s) Available _____

How did you learn about us? _____

What language(s) do you speak fluently? _____

Why are you interested in volunteering at HGLHC?

What are your specific interests (see programs and services listed in volunteer brochure):

Please list 2 personal references (other than relatives) that we may contact:

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Do you have a professional license(s) or certification(s) you wish to use? Yes: _____ No: _____

Connecticut License/Certification Number: _____ DEA/RNP Number (if applicable): _____

Have you ever been convicted of a misdemeanor involving a motor vehicle or criminal felony? Yes: _____ No: _____

Statement of Understanding

If I am accepted as a volunteer, I agree to fulfill my volunteer obligations as outlined in these statements, the volunteer job description(s), the Volunteer Handbook, as well as through Volunteer Orientation, specialized training and periodic performance reviews.

I am also aware that my actions and behaviors are a reflection of the agency and that, while serving in the capacity as a volunteer, I will represent the agency in a positive manner. I understand that if I engage in social or other activities with a client or group member that is beyond the scope of responsibilities of my volunteer position, then I do so at my own risk.

I also understand that the Executive Director of the Hartford Gay and Lesbian Health Collective, Inc., has the right, at any time, for any reason, to request that I provide *(at my own expense)* a local, state and/or federal criminal background check, including sexual offenses, a Department of Motor Vehicles driving record, an updated insurance and/or licensure certificate, and two forms of visual identification.

Confidentiality Statement

As a volunteer for the Hartford Gay and Lesbian Health Collective, Inc., I understand that during the course of my work I may learn information about clients, group participants, staff, board of director members and/or other volunteers or individuals involved with this agency, that is highly personal and confidential. Such information may include name, financial information, medical treatment and condition, living arrangements, employment, gender identity, sexual orientation, personal relationships, etc. I understand that all such information must be treated as completely confidential. I agree not to disclose this information without the express written consent of the individual or the formal approval of the Executive Director. I understand that violation of this agreement may result in adverse effects for the individual and may affect the continuation of my volunteer service with the HGLHC, Inc.

Printed Legal Name: _____

Signature: _____ Today's Date: _____

Please return your completed application, copy of resume (if you have one), and copies of any license(s) or Certification(s) if applicable, to: Volunteer Coordinator c/o HGLHC, PO Box 2094, Hartford, CT 06145-2094.

“Be Well. Be Yourself.”