

**A Center for Women
Living with HIV, Inc.**



VOLUNTEER APPLICATION

Ingrid N. Floyd
Executive Director

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MAIN OFFICE

2348 Adam Clayton Powell Jr.
Blvd
New York, NY 10030

CENTRAL NEW JERSEY

630 East Front Street
Plainfield, NJ 07030

www.irishouse.org

Name: _____
Address: _____
City/State/Zip _____
Home Phone _____
Cell Phone: _____
Email: _____
Current Employer: _____

Are you available to volunteer during the week? YES NO
(Iris House is close on the weekends)

What day and times are you available? _____

Emergency Contact Name: _____

Emergency Contact Telephone Number: _____

Volunteer of Confidentiality:

I understand that as a volunteer at Iris House, Inc., I may learn certain facts about individuals (clients) who receive services from the organization that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members, and other confidential information.

I understand that all such information must be treated as completely confidential. I understand that all HIV related information is protected under the New York State confidentiality Law (Article 27F). The provisions of that law have been explained to me and I agree to abide by them. If in the course of my volunteering, I also learn facts about an individual's alcohol and/or drug history, I understand that this information must be kept confidential in accordance with federal law.

In addition to client information protected by law, all information that is not common knowledge is considered privileged and is not to be disclosed under any circumstances, including Iris House records, memoranda and any other written material(s). I agree not to disclose any information of a personal and confidential nature and/or Iris House privileged information and materials to any person not also affiliated with the organization and authorized by Iris House to have such information.

I understand that violation of confidentiality statutes/regulations and iris House privileged information and materials will result in my assignment as an intern/volunteer being terminated immediately and may be subject to criminal prosecution.

My signature below is acknowledgment that I have read and understand this pledge of confidentiality. I further acknowledge that the provisions of Article 27F and related laws have been explained to me and I agree to abide by them.

Volunteer Name (Print): _____

Volunteer Signature: _____

Date: _____