



Megan Green  
Community Investment Coordinator  
Caracole  
4138 Hamilton Avenue  
Cincinnati, Ohio 45223

Dear Volunteer,

Thank you for your interest in volunteering with Caracole! We appreciate your generous offer to help us in our efforts to support persons who are living with HIV/AIDS.

In this packet you will find the following forms:

- **Volunteer Application**
- **Volunteer Agreement & Waiver**
- **Confidentiality Policy**
- **Fraternization Policy**
- **Criminal Record Background Check Authorization Form**
- **Volunteer Tip Sheet**
- **Directions to our Offices**

Please read over all of these materials carefully. It is best to complete this agency paperwork and bring it to your Volunteer Orientation session. Our Volunteer Orientation sessions serve as an introduction to Caracole and as well provide new volunteers with information about HIV/AIDS; you will also learn about our Case Management and Transitional Houses and will hear of various volunteer opportunities that are available (such as assisting with clerical tasks in our office, helping at fundraising events, working directly to assist HIV positive clients, and more).

**All new agency volunteers are asked to attend a Volunteer Orientation session in the first few months of beginning to volunteer.** Our Orientation sessions are currently held on a one-on-one basis. Please schedule with me at your earliest convenience.

**All persons interested in volunteering with Caracole are also asked to attend one AIDS 101 class within their first year of volunteering—**please inquire about our next AIDS 101 class.

Please feel free to call me any time at **513.619.1483** or e-mail me at [mgreen@caracole.org](mailto:mgreen@caracole.org) with any questions. Thank you again and I look forward to meeting and working with you!

Sincerely,

Megan

Megan Green  
Community Investment Coordinator  
Caracole



**VOLUNTEER APPLICATION**

Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

Phone numbers (Include area code) Home \_\_\_\_\_ Cell \_\_\_\_\_

Birthdate \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emer. Con. Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**EMPLOYMENT INFO**

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Type of Business \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Date started \_\_\_\_\_

What, if any, occupational or professional license do you have or had? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION INFO**

High School \_\_\_\_\_

College \_\_\_\_\_

Field/Major \_\_\_\_\_

## PERSONAL REFERENCES

Name \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## PREVIOUS VOLUNTEER EXPERIENCE

Agency/ Organization \_\_\_\_\_ Position \_\_\_\_\_

Approximate Dates \_\_\_\_\_ Volunteer Duties \_\_\_\_\_

Agency/ Organization \_\_\_\_\_ Position \_\_\_\_\_

Approximate Dates \_\_\_\_\_ Volunteer Duties \_\_\_\_\_

What languages, other than English, do you speak? \_\_\_\_\_

What hobbies or skills do you hope to share (ie - gardening, teaching, etc) \_\_\_\_\_

\_\_\_\_\_

Which volunteer opportunities most interest you? (Please check all that apply)

Office Support \_\_\_\_\_ Special Events \_\_\_\_\_ Volunteer Cook \_\_\_\_\_ Direct Client Support \_\_\_\_\_

Other \_\_\_\_\_

What is your availability?

\_\_\_\_\_

The information provided in this application is accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## VOLUNTEER AGREEMENT & WAIVER

*'Client' is anyone who receives services at Caracole, Caracole House, Caracole Recovery Community or through the Caracole Case Management Department.*

As a volunteer at Caracole, I hereby pledge (please check each box):

- I will keep **CONFIDENTIAL** all information, which I may hear directly or indirectly concerning a client, volunteer, staff member, or donor, and will not seek information regarding any of the above-mentioned persons.
- I will keep **CONFIDENTIAL** the location, address, and physical characteristics of the Caracole House, Caracole Recovery Community, and residences of other clients.
- I will uphold the philosophy and standards of Caracole and I will honor, respect and safeguard the dignity and privacy of each Caracole client.
- I will attend required orientation and in-service training as scheduled.
- I will be punctual and conscientious. I will notify the Community Investment Coordinator if unable to volunteer as scheduled.
- I will become familiar and comply with the Infection Control policies.
- I will become familiar with and respect the Residence Rules of Caracole House & Caracole Recovery Community.
- I understand that Caracole reserves the right to terminate my services as a volunteer as a result of:
  - a) failure to comply with the policies, guidelines, and rules of Caracole House, Caracole Recovery Community, and Caracole Inc., and the Infection Control policies,
  - b) unsatisfactory aptitude, work, or appearance, and/or
  - c) any other circumstances which, in the judgment of the Caracole staff, would make my services as a volunteer not in agreement with the guidelines of Caracole, Inc.

In consideration for being permitted to participate as a volunteer for Caracole, I also agree that I will not hold Caracole nor its employees or directors responsible for any loss, damages, or personal injuries that I may suffer as a result of my participation as a volunteer for Caracole. I also promise for myself and my estate not to file suit or initiate any claim procedure against Caracole or its employees or directors in respect of any loss, damages, or personal injuries that I may sustain arising from my participation as a volunteer for Caracole.

I have read the Volunteer Agreement and fully understand the conditions set forth therein, and hereby agree to perform my duties to the best of my knowledge and ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## CONFIDENTIALITY POLICY

Caracole recognizes that one of the most sensitive aspects of working with people with HIV/AIDS is the matter of confidentiality. Security of any potentially sensitive information is of the utmost importance for all persons associated with Caracole. Our reputation in the community is based on trust, and to maintain that sense of trust, we ensure that all clients, volunteers, contributors, and others complete a policy on confidentiality agreement.

The term “client” is used to describe any person receiving services from Caracole

1. Access to files of people receiving HIV Client Services is granted only to the Client Services Department staff and the Executive Director as needed to conduct the business of the agency. All access is only granted on an **AS NEEDED** basis.
2. Information about a Caracole client will not be shared with anyone other than those persons directly involved with the care of that individual and such other persons deemed by the Client Services Supervisor or the Executive Director to have a **NEED** to know this information.
3. The location, address or physical characteristics of the housing of Caracole Inc. to anyone outside of Caracole Inc. This applies to the Caracole House & Caracole Recovery Community.
4. Before contacting any client of Caracole, you must confirm that we have the client’s permission for telephone, mail, or email contact. When leaving a telephone message (either on a machine or with a person) **NEVER** identify yourself as calling from Caracole unless we have the client’s permission to do so. Instead, simply leave your name and telephone number.
5. Donor lists and/or donor information will not be shared or released to any other individual or organization for purposes unrelated to the legitimate business needs of Caracole.
6. Volunteer records are maintained so that interested volunteers may be contacted for various volunteer opportunities that exist within Caracole. Access to volunteer records is granted only to staff that are responsible for contacting volunteers, and clerical staff and volunteers who maintain these records.
7. Staff, volunteer, and client addresses and telephone number information is made available to Caracole staff on a **NEED TO KNOW BASIS**. This information is not to be released to anyone without the express permission of the staff, volunteer, or client that is concerned.
8. Information sessions of interview about any aspect of Caracole Inc., it’s programs or residents without the expressed consent of the Executive Director

*I have read the foregoing policy on confidentiality and security and I agree to abide by it. I understand that if I should be found to be in breach of this policy my relationship with Caracole will be terminated.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**FRATERNIZATION POLICY  
EMPLOYEE/VOLUNTEER - RESIDENT/CLIENT  
CARACOLE RECOVERY COMMUNITY AND CARACOLE HOUSE**

Employees and volunteers of Caracole Recovery Community and Caracole House are encouraged to foster a home-like atmosphere at the recovery community and Caracole House. Staff at the recovery community and Caracole House have been encouraged to create and maintain supportive relationships with our residents. However, relationships between staff/volunteers and residents/clients shall remain professional at all times.

Specifically, all residents of Caracole Recovery Community and Caracole House will be treated equally, only receiving attention that is appropriate to the level of assistance required for each situation.

Personal phone calls between residents and off-duty staff/volunteers are not allowed without the expressed permission of the director. Personal socializing between off-duty staff/volunteers and residents is prohibited without the expressed permission of the director. This prohibition between staff/volunteers and residents will remain in effect for three months following the staff/volunteer leaving employment of Caracole Recovery Community and Caracole House or the resident/client moving away from Caracole.

Gifts, favors, personal services to or from staff/volunteers to or from residents/clients are not allowed. Gifts from staff/volunteers to the household are acceptable.

I have read, or have had read to me, this policy. I agree to follow this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



### CRIMINAL RECORD BACKGROUND CHECK AUTHORIZATION

Full Name: \_\_\_\_\_  
Please include Middle Name or Initial

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
month / date / year

Ethnicity (optional): \_\_\_\_\_

Gender (please circle one):                  Male                  Female                  Transgender

Previous address:  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony offense:    YES    NO

If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. This authorization is void if not exercised by Caracole within one year from the date signed. I hereby agree to notify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided. **I understand that this conviction record check is for the protection of the organization and its clients, and that this information will be kept confidential.** I understand that having a conviction record will not necessarily eliminate me from consideration as a volunteer with Caracole. I further understand that I may be required to provide a valid driver’s license and proof of vehicle insurance in order to provide any volunteer services that require me to drive on Caracole business.

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



## VOLUNTEER TIP SHEET

The following are some tips when interacting with persons living with HIV, along with some basic information about HIV/AIDS.

- Do have fun and engage the residents, volunteers, and staff in friendly conversation.
- Do not ask how they contracted HIV/AIDS, or any other personal question about substance abuse or mental illness, etc. The residents will volunteer this information if they want you to know.
- Do know universal precautions and be educated about how HIV is transmitted (i.e. casual contact is safe).
- Do ask the residents general questions to break the ice (i.e. Where are you from? Did you grow up in Cincinnati? How many siblings do you have? What hobbies/activities do you enjoy?).
- Do remember the golden rule: treat others with respect and consideration at all times.
- Do keep an open mind realizing that others may have very different lifestyles than your own or share the same lifestyle as you do.
- Do not hesitate to ask a staff person for assistance: we are always willing to answer questions or help when needed.
- Above all else LISTEN! LISTEN! LISTEN! Open ears is the fastest way to gain knowledge.

## PREVENTION OF HIV/AIDS

HIV infection can be passed from person to person in any of the following ways:

- Unprotected sexual intercourse (heterosexual or homosexual)
- Oral sex with an infected person
- A contaminated blood transfusion (very rare in the United States since 1985 as blood is now tested for HIV)
- Needle-sharing (if one intravenous drug user is infected)
- Occupational exposure (needle stick with infected blood)
- Artificial insemination with infected semen
- Organ transplant taken from an HIV-infected donor
- Newborns also can catch HIV infection from their mothers before birth or through breast-feeding.
- There is no evidence that HIV can be spread through the following: kissing; sharing food utensils, towels or bedding; swimming in pools; using toilet seats; using telephones; or having mosquito or other insect bites.
- Although several HIV vaccines are being tested, none has been approved. You can decrease your chances of acquiring HIV infection by avoiding high-risk behaviors.



## TO DECREASE RISK OF SPREADING HIV/AIDS

- Practice abstinence, have a monogamous (one partner only) sexual relationship (this also assumes that your partner has only you as his or her partner) or use barrier methods of contraception such as condoms.
- Intravenous drug users should never share needles.
- If you are a health-care worker, strictly follow universal precautions, the established infection-control procedures to avoid contact with bodily fluids.
- If you are a woman who is thinking about becoming pregnant, have a test for HIV beforehand, especially if you have a history of behaviors that put you at risk of HIV infection. Pregnant women who are HIV-positive need special prenatal care and medications to decrease the risk that HIV will pass to their newborn babies.

## UNIVERSAL PRECAUTIONS

- Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of exposure of the health care worker's skin or mucous membranes to potentially infective materials.
- In addition, under universal precautions, it is recommended that all health care workers take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.



## DIRECTIONS TO THE CARACOLE OFFICE

### Address

4138 Hamilton Avenue, Cincinnati, Ohio 45223  
Corner of Hamilton Avenue & Knowlton Street  
Please enter doors from parking lot off Knowlton Street

*Our offices are fully handicap accessible.*

**PARKING LOT** In rear of building off Knowlton Street.  
Entrance to offices off parking lot.

**METRO BUS ROUTES:** 15x, 16, 17, 19, 20, 27, & 39

### Directions from I-75 Southbound:

Mitchell Street Exit. Right on Mitchell. Left on Spring Grove Avenue for 3/4 mile. Right on Crawford Avenue (first street past Spring Grove Cemetery). Immediate Left onto Knowlton Street for 1/2 mile. After crossing Langland Street, parking lot is on left.

### Directions from I-75 Northbound:

Take I-74 Exit toward Indianapolis. Take first exit 19 Elmore/Spring Grove. Stay straight off exit onto Powers Street for 1/8th mile. Left on Spring Grove Avenue for 1/10th mile. Left on Hamilton Avenue for 1/8th mile. Right on Knowlton Street. Parking lot on Right just past building.

### Directions from I-74 Eastbound:

Take Exit 18 Beekman Street. Left on Beekman Street for 1/3 mile. Right on Colerain Avenue for 1/3 mile. Soft Left on Blue Rock Street for 1/3 mile. Left on Hamilton Avenue for two blocks. Right on Knowlton Street. Parking lot on Right just past building.