

HAITIAN AMERICAN ASSOCIATION AGAINST CANCER, INC.

**VOLUNTEER INFORMATION.**

THE HAITIAN AMERICAN ASSOCIATION AGAINST CANCER, INC (HAAAC) NEEDS YOUR VOLUNTEER SERVICE...

HAAAC provides all services free of charge to its clients. Volunteerism is a vital program component of HAAAC. HAAAC welcomes and encourages volunteers (18 and over) to join our team. To become part of our volunteer program, fill out the information requested below and a member of the Volunteer Committee will contact you. Upon completing the form, fax it at 305-572-1827 or mail it at: HAAAC, 225 NE 34th Street, Suite 208, Miami, FL 33137.

Yes, I would like to be a VOLUNTEER for HAAAC: E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME (INITIAL)

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_  
HOME OFFICE

Name of Company: \_\_\_\_\_ Position: \_\_\_\_\_

Pager/Cellular: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Office Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Circle Days Available:  M – T – W – TH – F – S – Su  Hours Available (AM / PM): \_\_\_\_\_

I am a student:  College  Part-Time  Full-Time  High School  Careers/Others \_\_\_\_\_

**EXPERIENCE/SKILLS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLIENT CONFIDENTIALITY POLICY**

No information about any of HAAAC's clients are to be disclosed by the volunteer in a form that identifies the person without the informed written or documented oral consent of the person or his or her legal representative unless the disclosure is required by the court order or for other program monitoring by authorized federal, state, or local monitoring agencies.

All client information contained within the clients' cancer screening records and or clients HAAAC file is confidential in nature. Patient and family privacy is ensured and information that would compromise patient privacy is not released without written authorization of the patient or responsible party. Any information including records and conversations with client, family or support systems are regarded as confidential.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date