



# Sean Humphrey House

## VOLUNTEER APPLICATION

1630 H Street  
Bellingham, WA 98225  
House: 360.733.0176 Fax: 360.738.8808

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### MISSION

Sean Humphrey House (SHH) is a nonprofit organization in Bellingham, Washington whose mission is to optimize the quality of life for low-income adults living with HIV/AIDS, who may also suffer from other diseases, disabilities, or forms of mental illness, and are unable to live independently. The House, named after Sean Humphrey who passed away from AIDS in 1992, opened its doors as his last wish in 1996 by his family and countless volunteers. It is one of only two Adult Family Homes licensed by the State of Washington to provide a residence, meals, medication management services, life-skills training, recreational activities and other support to persons living with HIV/AIDS.

The House consists of six private rooms adjoined to a community living space, with Sean Humphrey House offices and storage on the second floor. This model housing and care facility is an alternative to the high cost of hospitalization and is designed to be a healthy and supportive environment, often enabling residents to remain close to family and friends. Sean Humphrey's legacy is making a difference in the lives of persons with HIV/AIDS and the people who love them.

### VOLUNTEER PROCEDURES/OPPORTUNITIES

There are many opportunities for volunteers and all are great ways to help! *NOTE: You must be 18 or older to volunteer, or accompanied by a chaperone.* The application process that takes place before you begin volunteering at Sean Humphrey House includes the following steps:

1. Fill out the Volunteer Application and the Background Check Form and return to the Program Coordinator at Sean Humphrey House. Once the Program Coordinator receives your completed application, you will be contacted about an interview to be done in person at the House if it appears to be a good fit.
2. Depending on your volunteer position you may be asked to complete a 2-Step Tuberculosis Test, acquire a current Food Handler's Permit and/or provide a copy of your current driver's license, vehicle registration and vehicle insurance before beginning to volunteer.
3. Every volunteer must pass a Criminal Background Check prior to volunteering in the House. Please allow at least two weeks for the Background Check to process.
4. Once you've been accepted as a volunteer, the Program Coordinator will orient you to the House, review the policies, and train for your volunteer position.

Questions? Please contact the Sean Humphrey House Program Coordinator, Jeanette Campagna, at (360)733-0176 or by email at [jeanette@seanhumphreyhouse.org](mailto:jeanette@seanhumphreyhouse.org). Please check out our website at [www.SeanHumphreyHouse.org](http://www.SeanHumphreyHouse.org)

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## VOLUNTEER REQUIREMENTS AND REIMBURSEMENT PROCEDURES

### Tuberculosis (TB) Test Procedures

Tuberculosis is a contagious bacterial infection that mainly involves the lungs but if left untreated can spread to the kidneys, spine and brain. The rate of TB for people with HIV in the United States is 40 times the rate for people who aren't infected with HIV. TB rates all over the world are increasing because of the HIV disease. TB can make the disease worse and multiply faster. This makes it important to prevent and treat TB.

Every employee, volunteer and other adult persons having regular contact with Sean Humphrey House residents must have a 2-Step Tuberculosis Skin Test completed previous to starting their position. The TB screening must be carried out in 2-steps (2 skin tests), performed one to three weeks apart. Each test should be read by a professional 48 to 72 hours after the injection. You may complete the required Tuberculosis screening at any clinic. The cost of the test is usually \$10-\$15 per injection. *If you have documentation of ever having completing a 2-Step TB Test, a 1-Step is still required before you can begin.* If you leave the country, you must get a 1-Step TB Test before you can resume volunteering with SHH.

#### Clinics that offer TB Testing:

Whatcom Occupational Health Clinic (360) 676-1693 (walk-in and Saturday appointments available)  
WWU Health Center (360) 650-3400 (WWU students only)

### ***TB Test Reimbursement***

After having volunteered with Sean Humphrey House for at least three months, volunteers may be reimbursed for the price of their Tuberculosis Skin Test (up to \$30) as long as the volunteer submits their receipts documenting payment for the tests.

### Food Handler's Permit Information

As a *Dinner Volunteer* at Sean Humphrey House, you have an important role. Washington state law requires you to be trained in food safety and to pass a test that shows you understand how to use proper procedures when working with food.

#### Whatcom County Health Department

The Whatcom County Health Department provides online training and testing. The cost of the training, test and food handler's card is \$10. The test takes approximately 1 hour to complete.

The test is available on the Whatcom County Health Department website under the Food Worker's tab. [http://www.co.whatcom.wa.us/health/environmental/food\\_safety/foodworkers.jsp](http://www.co.whatcom.wa.us/health/environmental/food_safety/foodworkers.jsp)



Sean Humphrey House  
Volunteer Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

**Currently employed?**      Y / N      \_\_\_\_\_ Full-Time      \_\_\_\_\_ Part-Time

Company/Organization      Position      Dates

1. \_\_\_\_\_

2. \_\_\_\_\_

**Currently a student?**      Y / N

School: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

Special Skills/Training: \_\_\_\_\_

**Worked/Volunteered with SHH in the past?**      Y / N

Position      Dates      Reason for Leaving

1. \_\_\_\_\_

2. \_\_\_\_\_

**Criminal Background Check**

Have you ever plead guilty to or been convicted of any criminal offense? If so please explain: \_\_\_\_\_

*\*A conviction will not necessarily bar you from volunteering with Sean Humphrey House.*



# Sean Humphrey House Volunteer Questions

How did you hear about SHH:

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Please check all of the following areas that interest you:

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- Office Work** (projects, data entry, filing, archiving, shredding, telephone calls)
- Fundraising** (obtaining donations, SHH annual fundraising auction, community donation can project)
- Resident Activities** (in house or in the community)
- Dinner/Food Program** (1 shift per week, approx. 4pm - 6pm, menu planning, pantry organizing)
- House Up-keep** (dog walking, custodial, carpentry, fish care)
- Yard Work** (gardening, landscaping, yard maintenance)
- Community Outreach [On-call]** (website/Facebook, newsletter, tabling events, photography)
- Transportation [On-call]** (resident appointments, errands, picking up donations)

Do you have a:  Car  Truck  Van

Other:

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I am willing to provide \_\_\_\_\_ hours of service per week (A minimum of 2 is requested)

Please describe why you would like to be a SHH volunteer:

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Please briefly describe any previous volunteer experience:

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Please describe any previous HIV/AIDS training and/or experience with other diseases or disorders:

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### Personal/Professional References

Please list 2 people that could speak to your qualifications as a volunteer.

Name	Phone	Relationship to You
1.		
2.		



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## Sean Humphrey House Confidentiality Agreement

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I, \_\_\_\_\_ (please print), am a \_\_\_\_\_ with Sean Humphrey House (SHH). I understand that SHH fully supports the right to privacy of individuals requesting or using any SHH service.

Any shared personal information by SHH residents\* such as medical conditions, HIV status, age, income, sexual orientation and/or other private matters are to be kept confidential.

I understand that I must guard the dignity and privacy of those living at SHH. Under no circumstances will I disclose personal or medical information of residents\* obtained in the course of my duties with SHH to anyone by any means, including, but not limited to:

- Taking photos of residents\*
- Revealing names of residents\*
- Revealing HIV status of residents\*
- Revealing medical or mental health information of residents\*
- Revealing any such information by means of phone, social media (i.e. Facebook, email, website, and/or instant messaging), and word of mouth

I also agree to maintain confidentiality at all times on the part of SHH Affiliates\*\*.

### **Exceptions to Right of Confidentiality:**

Federal and/or state law may require me to report if the following occurs to a vulnerable adult: *abuse, neglect, abandonment, and/or exploitation (including financially).*

### **Confidentiality Pledge:**

As a \_\_\_\_\_ of SHH, I agree to protect residents\* and SHH Affiliates\*\*\* right to privacy and confidentiality. I will not disclose any information without written permission from both the individual in question and SHH management, unless I am required by law to do so.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Residents include former, current, and potential residents.

\*\*SHH Affiliates include staff, volunteers, friends, family of residents, and donors of SHH.



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Sean Humphrey House  
Consent Form

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I, \_\_\_\_\_ (please print), hereby release authorization for Sean Humphrey House (SHH) to use my name, statements, pictures, and/or videos for recognition and promotional purposes in all capacities (including print, social media, and live presentations) to promote myself and SHH in a positive manner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Sean Humphrey House Volunteer Policies

1. Volunteers are required to conduct themselves in a professional manner, treating all Sean Humphrey House residents and other SHH Affiliates\* with courtesy, respect and consideration.
2. Volunteers are critical to the operations of the House and they are expected to be consistent and on time. If you must cancel, please give at least 24-hours notice to the on-duty caregiver or to the Program Coordinator. *\*\*If you miss three volunteer shifts without giving notice we will reevaluate your eligibility as a volunteer with Sean Humphrey House.*
3. Volunteers must wash their hands when they enter the House and as directed in their training.
4. Please do not come to the House if you have a contagious illness or even suspect that you do.
5. Volunteers will not offer any medical advice to residents.
6. Volunteers cannot administer any medications to residents.
7. Volunteers will refrain from imposing religious or political beliefs on residents or other SHH Affiliates\*.
8. Volunteers cannot accept personal items from residents as gifts. If volunteers would like to give a gift to a resident, it must first be approved by the Program Coordinator or the House Manager.
9. There is no smoking in the House. There may be no sharing of cigarettes with residents on or off House premises.
10. Volunteers will refrain from using alcohol and/or recreational drugs with residents on or off House premises.
11. Volunteers will not engage in any sexual activity with residents.
12. Volunteers will only provide transportation to a resident, if he/she possesses a valid Washington state driver's license, registration, and auto insurance that includes liability insurance for bodily injury to passengers. Transportation must also be approved by the Program Coordinator, Director or Assistant House Manager.
13. Volunteers will maintain strict confidentiality in regards to residents and SHH Affiliates\*.
14. If you know your volunteer experience with Sean Humphrey House is concluding, please inform the Program Coordinator two weeks prior to your last volunteer shift as there can be a lengthy interim period to fill your commitments.

I, \_\_\_\_\_ (please print), understand and agree to adhere to the above policies as a Sean Humphrey House volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*\*Failing to adhere to Volunteer Confidentiality Agreement and/or Volunteer Policies will lead to dismissal of the signed Volunteer.*

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