

PeerSLK Orientation

Welcome

Welcome to the volunteer orientation and the SLK Team! We are excited you are joining us a volunteer team member of PeerSLK. Your role is critical in fulfilling the mission of PeerSLK and our organization.

The enclosed information is designed to serve as an introduction to PeerSLK and provide resources that will help you make a smooth transition into your new role. The PeerSLK team is here to support your transition so, please know that you can call any of us to assist you. We are looking forward to you joining our team and your success at SLK Health Services Corporation.

Application

Please fill out application in blue or black ink. This application is also a PDF form. Please submit all applications to info@slkhealthcorp.org or in office 4200 Forbes Blvd Suite 128 Lanham, MD 20774 addressed to PeerSLK.

One-pager

Our vision and mission, as well as our capabilities, collaborations and community connections. You will also find our overview of the SLK Administrative Team.

Volunteer Manual & Agreement

Guidelines for our volunteer program, please sign in blue or black ink. We will accept digital signatures if submitted online.

Photo Release

Standard release for all volunteers to sign.

PeerSLK Volunteer Application

Contact

Last Name _____ First Name _____
Address _____
City _____ MD _____ Zip Code _____
Phone _____ (Home __ : Cell __)

Demographics

Are you: Under the age of 18 _____ Over the age of 18 _____
Date of Birth: ____ / ____ / ____
Education: _____ Current Profession: _____

Emergency Contact

Name _____ Relationship _____
Phone Number _____ Email Address _____

Interests

How did you hear about SLK? _____
What position are you interested in?

- ☐ Community Outreach
- ☐ Administrative Support
- ☐ Special Events
- ☐ HIV Testing
- ☐ Fundraising/ Grant Writing
- ☐ Other _____

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Have you ever been convicted of a felony? No _____ Yes _____

If yes, explain: _____

References

Name _____
Phone _____

Relationship _____
Email _____

Name _____
Phone _____

Relationship _____
Email _____

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Volunteer Signature _____ Date _____

If under the age of 18, Parent/Guardian information:

Parent Name _____
Parent Phone _____
Parent Email _____
Parent Signature _____

Acknowledgement of Receipt of Volunteer Policy

I acknowledge receipt of these policies and procedures. I understand that volunteer time is guided by this document and, as a volunteer, I agree to hold SLK Health Services Corporation and any of the managers, officers, employees, administrators, free from all claims of actions, demands, rights, damages, costs, lost wages, expenses, hospital and medical expenses, loss of consortium, loss of service, and any compensation. I acknowledge that I am participating voluntarily, and that all risks have been made clear to me. I will make every effort to obey safety precautions as listed in writing and as explained to me verbally.

I fully understand and agree to the above terms.

Signature

Date

Vision Statement

SLK Health Services Corporation (SLK) will become a salient and integral part of the local Metropolitan Washington Region of community healthcare providers, i.e., the Maryland, District of Columbia, and Virginia community of healthcare providers who are working diligently to arrive at the point where new HIV illnesses and infections become rare; and when HIV illnesses and infections do occur, SLK will provide every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance unfettered access to high quality, life-extending care free from stigma and discrimination.

Our Mission

SLK Health Services Corporation is a non-profit, tax-exempt community-based healthcare organization servicing the Metropolitan Washington Region, i.e., Maryland, District of Columbia, and Virginia. The organization exists to promote the prevention and eradication of illnesses and infections among the HIV community, the LGBTQ community, and all other vulnerable communities by advocating a wholistic approach to care and prevention that leads to healthier and happier lives for our clients with on-going support for their psychological, physiological, sociological, and Spiritual well-being.

CAPABILITIES

SLK recognizes that there are many people currently living with HIV/AIDS in PG County that still need quality, compassionate care that reaches out and embraces them from the beginning of their journey; providing information, guidance, and support as they maintain daily protocols that will contribute to a long and healthy life. SLK is here and exists *to roll up its sleeves* and join the continuing effort in PG County and Maryland's other suburban counties to eradicate all infections and illnesses associated with HIV/AIDS, and become an integral part of the healthcare system in PG County and be known as an organization with integrity that is professional, competent, who follows through with commitments made, who understands the importance of policies and process, who is financially knowledgeable in assessing its needs and working through challenges, and who is clear and passionate about the work to be done with the vulnerable communities that it serves. To that end SLK will focus its time and efforts in the following areas of service:

♦ **Education and Prevention** ♦ **Intake – Screening/Testing- HIV/HEP-C:** **a. Case Management:** Non-Medical (S-T), Medical (Ongoing) w/ Licensed SW or Registered Nurse and Diagnostic Evaluation Services and Care Planning; **b. Retention In Care:** Identifying individuals not engaged

in care or at risk of dropping care and support them to reenter care; **c. Treatment Adherence and Pharmacy:** Education and support with prescribed HIV medications from Specialty Pharmacist to ensure adherence ♦ **Outreach:** In the community testing at Hospitals, Churches and other community settings; sharing information at community forums; linking with community partners ♦ **Advocacy:** Providing leadership and knowledge to patients and community to decrease stigma surrounding HIV/AIDS and elevate HIV/AIDS issues as a priority ♦ **Linkage To Care:** Medical – Working closely with medical provider(s) as an integral component of a multidisciplinary team; Psycho/Social Support ♦ **Support Services:** Medicaid, Medicare, Maryland Drug Assistance Program (MDAP), Emergency Financial Assistance – Transportation, Housing, Food, Utilities ♦ **Women, Men, Young Adult Support Groups:** Forming relationships, sharing experiences, supporting each other.

COLLABORATIONS and COMMUNITY CONNECTIONS

SLK'S administrative staff has been in the PG community and surrounding counties over the years doing important work and making community connections that support an effective Outreach Initiative. SLK profoundly recognizes that the required outreach effort is not a 9 to 5, Monday-Friday proposition. One must be in the *street* where the people work, play, and live. A few examples of SLK's outreach, connections, and relationships in the community are the following: **Churches:** Pastor Delman Coates - Mount Enoch Annual Fall HIV Testing Sunday; Pastor Anthony Moore - Carolina Missionary Baptist Church Annual HIV Testing, and assist with housing program for women, children & MSM living w/AIDS; Dr. Lee P. Washington - Reid Temple AME supporting outreach with donations of gift cards, and Thanksgiving baskets for families; **Business:** Chick Fil'A & Outback Steak House donation of perishable foods thru The Harvest Program; **Organizations:** Referrals for linkage to care, support groups, & psycho/social outings to AIDS Healthcare Foundation & Us Helping Us; Work w/Delta Sigma Theta's World AIDS Day and Adopt-A-Family Program; Yearly two (2) day testing at Anniversary Weekend of Positive Sisterhood, Inc.; **Colleges:** Working w/Bowie State Nursing Dept. offering Sr Students Internships (HIV 101); Howard University - conducting Health Education Seminars to students in dorms and other campus settings re: Healthy Relationships, Prevention and Sexual Health; PG Community College – Working w/ Continuing Education Dept. offering Internships (HIV 101) to Phlebotomy students; **State Govt.:** Capitol Heights Police – Nat'l Night Out & Annual Capitol Heights Day w/ HIV Testing & Education; DC Dept of Health People of Worship Advisory Bd supporting churches w/ HIV/AIDS Outreach Ministries; PG MDH Day of Discussion for community feedback and concerns for purpose of proposing legislation from lawmakers for the benefit of the public good; Montgomery County Health Dept. – Provide Outreach and Health Education Risk Reduction presentations to persons in shelters, satellite jails, and the community-at-large.

Overview of SLK Administrative Team

SLK's administrative staff has collectively been serving the community in general and the HIV/AIDS community in particular in many roles over the past 20+ years. We decided not too long ago to blend our substantive experiences within the HIV/AIDS arena, our talents and interests to create a new model of service that we felt would be necessary to support persons living with HIV/AIDS and be found substantive and comprehensive in its approach by the Federal government, Maryland state agencies, and other potential partners in the community who are on the same journey of service.

Sharon J. Coker, President & CEO

- * Commenced her career of service in the HIV/AIDS community as a Volunteer
- * Subsequently obtained Certification in HIV Testing and Counseling in the State of MD
- * Currently, Community Engagement Outreach Manager
- * Phlebotomist with Kaiser Permanente
- * Phlebotomy Technologist, National Phlebotomy Association
- * Certifications w/MD Dept. Of Health and Mental Hygiene: HIV Counseling & Testing, Healthy Relationships Curriculum Training, Effective Group Level Interventions, Sexual Health in Recovery, Motivational Interviewing, Working Effectively with Gay, Bi-Sexual, and Same Gender Loving Men
- * Asst. Instructor - PG Community College/Taught HIV/AIDS Phlebotomy curriculum
- * Serves on Nursing Advisory Board for Bowie State University
- * Member of the Prince George's HAC Health Equity Workgroup
- * Commissioner for the Ryan White Planning Council of Metropolitan Washington

Leslie D. Demus, Vice President of Operations

- * Commenced affiliation with RAP, Inc. as Assistant Facilities Manager
- * Subsequently, Community Health Worker w/Institute for Public Health Innovations
- * Certification as Community Health Worker HIV/AIDS and HIV Testing and Counseling Theories
- * Certification w/MD Dept. Of Health and Mental Hygiene: Sexual Health in Recovery
- * Certification in Anti-Retroviral Treatment and Access to Services
- * Certification in Ethics & Confidentiality and Sexual Harassment
- * Certification as Addiction Counselor
- * Various other Certificates of Completion in HIV/AIDS field
- * Currently, Program Manager for RAP, Inc.

Kenneth A. Robinson, Vice President of Finance & CFO

- * Currently, Self-Employed - K.A. Robinson & Associates, Accountants
- * Over 40 years experience in financial/managerial accounting & small bus. development
- * Establishing appropriate accounting & reporting requirements
- * Developing administrative systems and controls
- * Managing external relationships w/auditors, banks, insurance cos., & govt agencies
- * Budget planning, preparation, analysis and control
- * Accounting & Tax Services - Non-Profit and For-Profit / 990, 1120, 1165
- * Automated Payroll Set-up & Processing, Tax Filings - Mthly, Quarterly, Annual
- * Developing Accounting Systems - Computerized and Manual
- * Business Proposal Writing & Financial Packaging - Grant Submittals, LOC, Initial Capitalization and Other
- * Advisory Services - Budgeting, Cash Flow Projections, Capitalization Options, Expansions



Volunteer Manual & Agreement

Overview

1.1 Purpose and Scope of Volunteer Policies

The purpose of this policy is to provide overall guidance and direction to management, staff, and volunteers. The policy does not constitute, either implicitly or explicitly, a binding contractual or personnel agreement. These policies are in addition to policies/guidelines that apply to internships or practicums sponsored by a school or university. SLK reserves the right to change any of these policies.

1.2 Role of Volunteer Services Program

The function of Volunteer Services is to provide a central coordination point for effective Volunteer management within the organization, and to direct and assist staff and Volunteer efforts to jointly provide more productive services.

1.3 What is a Volunteer?

A Peer SLK Volunteer is anyone who chooses to perform services for SLK without compensation or expectation of compensation, and, who performs a task at the direction of and on behalf of the organization. All Volunteers must attend a New Volunteer Orientation and be properly vetted by the organization prior to volunteering on behalf of SLK Health Services Corporation. Volunteer/Interns are not employees of the organization.

1.4 Internship & Special Volunteer Opportunities

The organization also has limited unpaid internships opportunities for those persons wanting to gain a specific experience as a part of a class or program sponsored by a high school, college or university. SLK also has some opportunities for volunteers from corporate programs and those requiring court-ordered community services hours. In these cases, the guidelines established by the school or sponsoring organization will be followed along with SLK's volunteer policies. For the purpose of this document, interns will be referred to as volunteers.

1.5 Family Members of SLK Staff

Family members of SLK staff are allowed to volunteer with the organization. It must be understood that family members of SLK staff are subject to the same volunteer rules and policies.

1.6 Service at the Discretion of the Organization

SLK accepts the services of volunteers with the understanding that such service is at the sole discretion of the organization. Volunteers understand the organization may at any time, for whatever reason, decide to end the volunteer relationship. The volunteer may at any time, for whatever reason, decide to sever their relationship with the organization.

1.7 Volunteer Standards and Responsibilities

Volunteers represent a valuable resource for SLK, its staff and its clients and are greatly appreciated. Volunteers will be given meaningful assignments and effective direction and be recognized for work done. Volunteers are expected to actively perform their duties to the best of their abilities, report at their assigned times and follow directions.

Volunteer Management Procedures

2.1 Maintenance of Records

A system of records will be maintained on each volunteer with SLK, including the dates of service, hours accumulated, and assignments held. Volunteer records shall be recorded in the same confidential manner as staff personnel records. Letters of participation and confirmation of hours served may be obtained through the Chief of Operations.

2.2 Conflict of Interest

No person who has a conflict of interest with any activity or program of the organization shall be accepted or be allowed to continue to serve as a volunteer with the organization. Volunteers will inform SLK staff if they have any Conflict of Interest.

2.3 Representative of the Organization

Volunteers must seek prior consultation and approval from appropriate staff prior to any action or statement which might affect or obligate the organization. These actions may include, but are not limited to, securing donations either to or from the organization, public statements to the press, coalition or lobbying efforts with other organizations, or any agreements involving contractual or other financial obligations.

2.4 Confidentiality

Volunteers are responsible for maintaining the confidentiality of all privileged information regarding staff, other volunteers, clients, other persons related to the organization or any overall organizational business to which they are exposed while serving as volunteers. Failure to maintain confidentiality could result in ending the volunteer relationship with the organization.

2.5 Worksite

Programs will establish an appropriate workstation for volunteer use prior to the enrollment of volunteers. This workstation will contain necessary equipment and space to enable the volunteer to perform their duties. Volunteer duties may be at community sites other than SLK location.

2.6 Dress Code

As representatives of the organization, volunteers are responsible for presenting a good image. Volunteers shall dress appropriately for the conditions and performance of their duties.

2.7 Time Reporting

Individual volunteers are expected to maintain accurate records of the time they have volunteered.

2.8 Risk Management

The safety of volunteers is important and SLK will take every precaution to train volunteers on universal precautions and other safety measures. **By signing this document**, volunteers are agreeing to hereby volunteer at SLK on his/her own and holds harmless SLK Health Services Corporation, and any of the officers, directors, employees, administrators, from any and all claims, actions, causes of actions, demands, rights, damages, costs, lost wages, expenses, hospital and medical expenses, loss of consortium, loss of services, and any compensation.

2.9 Sexual Harassment

SLK does not tolerate sexual harassment. Sexual harassment includes unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature.

3.0 Zero Tolerance of Violence

SLK will not tolerate violence on or around its premises either by or against clients, staff members, volunteers, or members of the public. Staff members and volunteers are expected to treat other human beings with respect and dignity. Any incident of violence will be reported promptly to the appropriate supervisor. Acts of violence include, but are not limited to, verbal, mental or physical intimidation, intimidation through social media, email, or their electronics means, direct contact, or threats. Reported incidents are subject to investigation or corrective action.

Any staff member or volunteer who does not comply with this policy may be subject to disciplinary measures up to and including dismissal.

Volunteer Recruitment and Assignment

3.1 Volunteer Assignments

All volunteers must attend a volunteer orientation. There may be follow up orientations depending on the volunteer position. During the SLK Volunteer Orientation, participants will receive complete descriptions of the duties and responsibilities of the assignment as well as the volunteer policies. Volunteers must sign the description and the policies and guidelines page acknowledging that they have received the information.

3.2 Recruitment

Volunteers may be recruited either through interest as interest in specific functions or through a general interest in volunteering application. The volunteer assignment for a minor will comply with all appropriate requirements of child labor laws.

3.3 Placement

Prior to being assigned, all volunteers will be interviewed to ascertain their suitability for and interest in the assignment. The interview will determine the qualifications of the volunteer, review the required commitment, and answer any questions that the volunteer may have about the organization or the position. Interviews may be conducted either in person or by any other means. A reference check may be made by the volunteer supervisor if appropriate.

3.4 Criminal Records Check

Volunteers will be asked to submit to a background criminal check. Volunteers who do not agree to the background check will be refused assignment.

3.5 Acceptance and Appointment

No volunteers will begin performance of an assignment until they have been officially accepted for that position and have completed all necessary screening and paperwork. At the time of final acceptance, each volunteer will have completed a volunteer application and received a copy of their volunteer description.

3.6 Professional Services

Volunteers shall not perform professional services for which certification or licensing is required unless currently certified or licensed to do so. A copy of such certificate or license is to be provided to SLK Health Services Corporation.

3.7 Length of Service

A predetermined time commitment will be developed with each volunteer per assignment. At the end of their commitment, this will be re-negotiated.

Volunteer Training and Development

4.0 Orientation and Continued Feedback

Volunteers must attend a general orientation on the nature, purpose, and mission of the organization, a review of HIV and other health disparities; and an overview of the volunteer program. At that time, volunteers may participate in a tour of the organization and meet the staff they will be working with.

Each volunteer will have a staff person providing direction for the volunteer assignment. The staff person will be responsible for day to day management and guidance of the volunteer and will be available to the volunteer for consultation and assistance.

4.1 Volunteer and Staff Relations

Volunteers and staff are considered to be partners in implementing the mission and programs of the organization, with each having a complementary role to play. Each partner will understand and respect the needs and abilities of the other.

4.2 Absenteeism

Volunteers are expected to perform their duties on a scheduled and timely basis. If expecting to be absent from a scheduled duty, volunteers will inform their staff supervisor as far in advance as possible so that alternative arrangements can be made. Continual absenteeism may result in a review of the volunteer's work assignment or term of service and could result in ending the volunteer's relationship with the organization.

Photo Release

Photo Release Form for Minors (Under the age of 18)

SLK Health Services Corporation has my permission to use my or my child's photograph publicly to promote the organization. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/ Guardian Name	Date
Child's Name: _____	
Phone Number: _____	

Photo Release Form for Adults

SLK Health Services Corporation has my permission to use my photograph publicly to promote the organization. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

_____	_____
Signature	Date
Name: _____	
Phone Number: _____	