



FREE CLINIC OF SIMI VALLEY
 2003 Royal Ave
 Simi Valley, CA 93065

VOLUNTEER EMPLOYMENT APPLICATION

NAME	
STREET ADDRESS	
CITY	
STATE, ZIP	
PHONE	
SOCIAL SECURITY #	

Month / Date / Year of Birth

EMAIL ADDRESS	/ /
REASON FOR VOLUNTEERING	

LIST YOUR QUALIFICATIONS	
LICENSE NUMBER(S)	Verified by: Date:

POSITION REQUESTED	
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"I UNDERSTAND THAT ALL INFORMATION CONCERNING PATIENT SERVICES IS CONFIDENTIAL AND THAT ALL THE ABOVE INFORMATION IS CORRECT"

SIGNATURE

DATE

FREE CLINIC USE ONLY

THE ABOVE NAMED PERSON HAS COMPLETED ORIENTATION ON _____
 THE ABOVE NAMED PERSON HAS COMPLETED SAFETY TRAINING ON _____
 THE ABOVE NAMED PERSON HAS RECEIVED A PPD TEST ON _____
 *THE ABOVE NAMED PERSON HAS COMPLETED MENINGOCOCCAL VACCINATION ON _____
 *THE ABOVE NAMED PERSON HAS COMPLETED HEPATITIS-B VACCINATIONS ON _____
 *THE ABOVE NAMED PERSON HAS COMPLETED INFLUENZA VACCINATION ON _____
 *THE ABOVE NAMED PERSON HAS COMPLETED MMR / VARICELLA VACCINATIONS ON _____
 (*The Free Clinic offers these vaccinations to all staff after a four month probationary period.)

THE ABOVE NAMED PERSON HAS REVIEWED THE JOB DESCRIPTION AND IS QUALIFIED TO PERFORM THE FOLLOWING DUTIES:

ADMINISTRATOR _____ STARTING DATE _____

TERMINATION DATE _____ REASON FOR LEAVING _____

FREE CLINIC OF SIMI VALLEY
VOLUNTEER / EMPLOYEE
SAFETY CHECK LIST

Employee / volunteer to initial each box when instruction is completed and understood.

- _____ Injury and Illness Prevention Program.
- _____ Proper lifting procedures.
- _____ Safety rules – general.
- _____ Safety rules – specific to job at Free Clinic.
- _____ Fire prevention, location of fire fighting equipment and location of exits.
- _____ Proper personal attire and personal protective equipment required.
- _____ How, when and where to report injuries.
- _____ Housekeeping and cleaning of spills.
- _____ Special hazards on the job.
- _____ When and where to report unsafe conditions.
- _____ Safe operation of power equipment.

On, _____, I reviewed the above information and checked items relating to the safety rules and safe work practices and procedures for the Free Clinic of Simi Valley.

Volunteer / Employee Signature _____ Date _____

Supervisors Signature _____ Date _____



SEXUAL HARASSMENT POLICY

In order to provide a productive and pleasant working environment, it is important that we at the Free Clinic of Simi Valley endeavor to maintain a workplace characterized by mutual respect. Accordingly, sexual harassment in our workplace will not be tolerated.

Prohibited Activities

Sexual harassment has been defined as a form of sex discrimination, consisting of unwanted sexual advances. Examples of prohibited sexual harassment include:

- Supervisors or managers explicitly or implicitly suggesting sex in return for a hiring, compensation, promotion or retention decision.
- Verbal or written sexually suggestive or obscene comments, jokes, or propositions
- Unwanted physical contact, such as touching, grabbing, or pinching
- Displaying sexually suggestive objects, pictures, or magazines
- Continual expression of sexual or social interest after an indication that such interest is not desired
- Conduct with sexual implications when such conduct interferes with the employee's work performance or creates an intimidating work environment
- Suggesting or implying that failure to accept a request for a date or sex would adversely affect the staff member in respect to a performance evaluation or promotion

Harassment by Non-employees

We will endeavor to protect employees and volunteers, to the extent possible, from reported harassment by non-employees and volunteers such as from patients, vendors and other parties who have workplace contact with our staff.

Complaint Procedure

A Free Clinic of Simi Valley employee or volunteer who feels that he or she has been harassed is strongly urged to immediately bring the subject to the attention of the appropriate supervisor or to the Executive Director. Inquiries and/or complaints will be investigated as quickly as possible. Any investigation will be conducted in as confidential manner as is compatible with a thorough investigation of the complaint.

Discipline

Any Free Clinic of Simi Valley employee or volunteer found to have harassed another employee or volunteer or applicant for employment will be subject to appropriate disciplinary procedure action, including reprimands, suspension or termination of employment.

A person committing sexual harassment may also be held legally liable for his or her actions under applicable law.

Confidentiality

Cases that involve allegations of sexual harassment are especially sensitive, and special attention will be given to the issue of privacy for all individuals. Information will be released only on a need-to-know basis. However, absolute confidentiality cannot be guaranteed. Investigation may make complete confidentiality impossible.

Responsibility

Each person is responsible for implementing this policy within his or her area of supervision. A copy of this policy will be included in the Employee / Volunteer Application.

Approved by the Board of Directors on January 12, 2004

The following types of abuse must be reported by all legally mandated reporters, when the victim is a child (a person under the age of 18) and the perpetrator is any person (including a child). The California Child Abuse Reporting Law is found in Penal Code Section 11165-11174.5.

- A. A PHYSICAL INJURY inflicted by other than accidental means on a child (P.C. 11165.g)
- B. SEXUAL ABUSE INCLUDING SEXUAL ASSAULT and SEXUAL EXPLOITATION. Sexual assault includes sex acts with children and child molestation and does not require force or lack of consent. Sexual exploitation includes child pornography and child prostitution. (P.C. 11165(b)(1)(2)(B)(A)(C), P.C. 11165.3(e)).
- C. WILLFUL CRUELTY OR UNJUSTIFIABLE PUNISHMENT, including inflicting or permitting unjustifiable physical pain or mental suffering, or the endangerment of a child's person or health. (P.C. 273a, P.C. 11165(d)). "Mental suffering" in and of itself is excepted from the duty to report. However, it MAY be reported. (P.C. 11165(e)).
- D. CORPORAL PUNISHMENT OR INJURY, willfully inflicted, resulting in a traumatic condition. (P.C. 11165(e)(1)(2)).
- E. NEGLECT of a child, whether "severe" or "general", must also be reported if the perpetrator is a person responsible for the child's welfare. It includes acts or omissions harming or threatening to harm the child's health or welfare. (P.C. 11165(c)(1)(2)).
- F. Any of the above types of abuse or neglect occurring in out-of-home care. (P.C. 11165 (f)).
- G. Any of the above types of abuse or neglect occurring to a dependant child or elder.

Those who are mandated to report include HEALTH PRACTITIONERS meaning physician, and surgeon, psychiatrist, psychologist, dentist, resident intern, podiatrist, chiropractor, licensed nurse, dental hygienist, Marriage and Family Therapist, or any other person who is currently licensed under Division 2 of the Business and Professional Code, an MFT trainee or registered intern, but are not limited to only the above.

Child abuse must be reported "when one acquires the knowledge of or observes a child under conditions which give rise to a reasonable suspicion of child abuse or when one has knowledge of or observes a child whom he or she knows has been the victim of child abuse". P.C. 11166(a)). "Reasonable suspicion" occurs when "it is objectively reasonable for a person to entertain such a suspicion, based on his or her training and

experience, to suspect child abuse". (P.C. 11166(a)). Although wordy, the intent of this definition is: *if you suspect, report*.

You must make a report immediately (or as soon as practically possible) by phone. A written report must be forwarded within 36 hours of receiving the information regarding the incident. (P.C. 11166(a)). Written reports must be submitted on Department of Justice forms, which can be requested from your local child protective agencies (police or sheriff's department, a county probation department, or county welfare department). (P.C. 11168).

AS AN EMPLOYEE/VOLUNTEER OF THE FREE CLINIC OF SIMI VALLEY,

I, _____ CERTIFY THAT I KNOW THE REQUIREMENTS TO MAKE REPORTS REGARDING KNOWN OR SUSPECTED INSTANCES OF CHILD ABUSE AND WILL COMPLY WITH THE REQUIREMENTS. I ALSO CERTIFY THAT I HAVE BEEN GIVEN A COPY OF THE REPORT LAWS.

Employee/Volunteer

Date

NOTE TO PROFESSIONALS;

PLEASE INDICATE ON A SEPARATE PIECE OF PAPER ANY PROFESSIONAL LIABILITY CLAIMS MADE AGAINST YOU IN THE PAST YEAR AND THERE OUTCOME.

I certify that there have been no professional liability claims made against me in the past year.

Signed: _____ Date: _____



FREE CLINIC OF SIMI VALLEY OATH OF CONFIDENTIALITY

I, _____, understand that all information relating to the behavioral health clients of the Free Clinic of Simi Valley is to be held in the strictest confidence. The rule of confidentiality applies to all client material (Client history, presenting problems, current complaints, symptoms, diagnoses, treatment plan, progress notes, communication from professionals or family members, psychological test scores, school records, or other reports, medications, legal matters or legal documents, photographic images or examples of art done during sessions, or personal demographics such as name, address, phone, fax or email) obtained in any setting; counseling, medical, dental, legal, training, observation, or informal discussion, electronic or otherwise. Permission to access any client record is only with specific authorization and need to know basis.

I agree to keep confidential any information that could identify any person as having received services at The Free Clinic of Simi Valley. I understand that failure to comply may result in my immediate dismissal.

Signed

NAME: _____

The above named person has completed a physical examination and has been found to be in good health and free from communicable disease.

Certified by: _____

Date: _____