



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

APPLICANT NAME		DOB	/	/
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE				
EMAIL				

QUALIFICATIONS / CERTIFICATIONS			
LICENSE #		VERIFIED BY	

POSITION REQUESTED	Professional Volunteer / Student Volunteer / Employee
DEPARTMENT REQUESTED	Medical / Dental / Counseling / Legal
REASON TO VOLUNTEER	

“I UNDERSTAND THAT ALL INFORMATION CONCERNING PATIENT SERVICES IS CONFIDENTIAL AND THAT ALL THE ABOVE INFORMATION IS CORRECT”

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

**\*FREE CLINIC SUPERVISOR / ADMINISTRATOR USE ONLY\***

SUPERVISOR TO VERIFY THE ABOVE APPLICANT COMPLETED / RECEIVED

ORIENTATION	YES / NO	HEPATITIS-B VACCINATION	YES / NO
SAFETY TRAINING	YES / NO	INFLUENZA VACCINATION	YES / NO
PPD TEST / TB BLOOD	YES / NO	MMR / VARICELLA VACCINATIONS	YES / NO
MENINGOCOCCAL VACCINATION	YES / NO	COVID-19 VACCINATION	YES / NO

THE ABOVE APPLICANT HAS REVIEWED THE JOB DESCRIPTION AND IS QUALIFIED TO PERFORM THE FOLLOWING DUTIES.	YES / NO
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\_\_\_\_\_  
 SUPERVISOR NAME

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 APPLICANT STARTING DATE

\_\_\_\_\_  
 TERMINATION DATE

\_\_\_\_\_  
 REASON FOR LEAVING



**STATEMENT OF PURPOSE  
FOR STUDENT VOLUNTEERS ONLY**

Applicants, please answer each of the following questions in 5 or less sentences.

\*Please provide answers to these questions just below / under each question.

1. Why do you want to volunteer / What do you expect to gain from this experience?
  
2. Do you have any experience in the Health Care field?

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**IMMUNIZATION CHECKLIST**

Applicants please **initial** each box when each instruction is completed.

\_\_\_\_\_ PHYSICAL EXAM  
\*Note for Dental Dept. – If this exam is on file with your Dental school, please indicate as so. \*Sign here to claim \_\_\_\_\_

\_\_\_\_\_ PPD TEST / TB BLOOD TEST

\_\_\_\_\_ MENINGOCOCCAL VACCINATION

\_\_\_\_\_ HPATITIS-B VACCINATION

\_\_\_\_\_ INFLUENZA VACCINZATION

\_\_\_\_\_ MMR / VARICELLA VACCINATION

\_\_\_\_\_ COVID-19 VACCINATION (FIRST, SECOND, BOOSTER 1, BOOSTER 2, ETC)

\_\_\_\_\_ Applicants must **attach printed** official medical immunizations record indicating each **immunization and physical exam** above. **\*Please provide record to follow the final page of this application / behind the final page.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE



## ORIENTATION & SAFETY CHECK LIST

Applicants please **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.
- \_\_\_\_\_ AED, Emergency Box, Oxygen.
- \_\_\_\_\_ 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.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR 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

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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. NEGLIGENCE 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 or abuse or neglect occurring in out-of-home care. (P.C. 11165 (f)).

G. Any of the above types or 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 a 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.**

**I, \_\_\_\_\_ CERFITY THAT THERE HAVE BEEN NO PROFESSIONAL LIABILITY CLAIMS MADE AGAINST ME.**

\_\_\_\_\_  
**DATE**

**NOTE TO PROFESSIONALS:**

**PLEASE INDICATE ON A SEPARATE PIECE OF PAPER ANY PROFESSIONAL LIABILITY CLAIMS MADE AGAINST YOU AND THIER OUTCOME.**

**\*Please provide record to follow the final page of this application / behind the final page.**



## **FREE CLINIC OF SIMI VALLEY OATH OF CONFIDENTIALITY**

I, \_\_\_\_\_, understand that all information relating to the clients of the Free Clinic of Simi Valley is to be held in the strictest confidence. The rule of confidentiality applies to client material obtained in any setting, counseling, medical, dental, legal, training, observation, or informal discussion. 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 dismissal.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE