

Volunteer Information

Name:	
Address:	
Home Phone:	Cell Phone:
Languages Spoken:	

Emergency Contact Information

Name:	Relationship:
Address:	
Home Phone:	Cell Phone:

Volunteer Opportunity Information

Please complete the questions below to the best of your ability. This will help the Volunteer Program coordinate with yourself to find an opportunity and is needed information to be able to help support your experience with Sea Mar Community Health Centers.

Anticipated Start Date (Desired Start Date):	Anticipated End of Service Date:
Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern/Extern <input type="checkbox"/> Preceptorship <input type="checkbox"/> Shadowing	
Volunteer/Extern/Intern Title (or Title of Interest):	
Volunteer/Extern/Intern Location (or Location of Interest):	
General Availability/Schedule to Commit with Sea Mar Community Health Centers:	
Required Hours to Complete for Internship/Externship/Preceptorship (if applicable):	
What would you like to get out of an experience and opportunity with Sea Mar Community Health Centers?	

Criminal Background Check Authorization

Legal Last Name:		First Name:		Middle Initial:
Alias/Maiden Name (List any and all names used):				
Date of Birth: ____ \ ____ \ ____		Gender:	Social Security Number:	
Driver License State:	Driver License Number:			
Email Address:				
Current Address				
Street		City	State	Zip
Former Employer				
Company		Position		
City	State	Dates of Employment		
Have you ever: Been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, provide a statement below or attach a separate, signed explanation to this form.				

I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642, Telephone 888-670-9564; www.verifiedfirst.com and/or Sea Mar Community Health Centers.** I agree that a facsimile (fax), electronic or photographic copy of this authorization shall be as valid as the original. **NOTE: A consumer credit report will not be obtained.**

Signature Date

Hiring Manager/Supervisor: Please provide the below information.

Date:	Location:	Department Number:
Potential Position of Applicant:		
Name and Title of Requestor:	Signature:	

HR USE ONLY:
 Response sent to manager on _____ HR Initial _____
 Response sent to applicant on _____ HR Initial _____

Employee Health Screening Clearance Form

Check One:	<input type="checkbox"/> New Employee	<input type="checkbox"/> Annual Health Screening	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Licensed Personnel
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Employee/Volunteer Name	
DOB	
Site/Department	
Position	
Hiring Supervisor	

Date of Employee Health Screening	
Date of Influenza Vaccine (Mandatory/Seasonal)	
<i>If influenza vaccine was not given due to a medical contraindication/religious accommodation, initial here: Note: Employee must obtain flu shot exemption approval from Administration.</i>	
<p style="text-align: right;">Licensed Personnel Only:</p> <p>A Licensed Personnel Fitness for Duty Attestation form <u>signed by an MD</u> must be submitted with this health screening clearance form in order to be cleared for work.</p>	<input type="checkbox"/> Check here when attached.

Clearance Attestation <i>To be completed by medical staff.</i>
This employee/volunteer is <u>cleared for work.</u>
Print Name: _____ Signature: _____
Medical staff initial and check one of the following: <input type="checkbox"/> MA _____ <input type="checkbox"/> LPN _____ <input type="checkbox"/> RN _____

- Instructions**
- No personal health information should be attached to this form.
 - Clinical staff who complete the health screening will submit the clearance form directly to humanresources@seamarchc.org. Employees and supervisors will not receive copies; information will be available in the employee's Follow My Health account.
 - For new employee screenings, submit the Employee Health Screening Clearance Form and Hep B form. If applicable, also submit Licensed Personnel Fitness for Duty Attestation Form.
 - For the annual screening, submit the Employee Health Screening Clearance Form. If applicable, also submit Licensed Personnel Fitness for Duty Attestation Form.
 - Depending on the results of the initial test, new employees or volunteers may need to return for follow-up care.

****All Employees Must Create A Follow My Health (FMH) Account****

Employees will receive their results and follow up instructions via FMH. It is the employee's responsibility to return to the clinic for results and vaccines as recommended. When applicable, employees can print their results and submit them to their supervisor during site surveys from FMH. To sign up for Follow My Health, ask any medical clinic employee for an email invitation code. Assistance is available as needed.



Confidentiality Agreement (Volunteer Program)

This agreement is to be signed upon clearance to start a volunteer, internship, or externship opportunity at the individual's orientation and will be submitted to the Volunteer Program along with other onboarding paperwork.

As a volunteer, intern or extern of Sea Mar Community Health Centers, I have read and acknowledge my full awareness of the policy on Confidentiality #104.07.

I agree to abide by the stipulations as set forth in this policy with the understanding that violation of any part of this policy will be grounds for immediately ending my term of service as a volunteer, intern, or extern with Sea Mar Community Health Centers.

Name (Please Print)

Date

Signature

Supervisor Name (Please Print)

Date

Supervisor Signature

Sea Mar Community Care Center/Health Center
HEPATITIS B. CONSENT DECLINATION

PREVIOUS HEPATITIS B. VACCINE

I have already received the complete series of (3) Hepatitis B. injections.

(Name of Employee)

(Year Vaccinated)

(Signature of Employee)

(Date Signed)

REQUEST FOR HEPATITIS B. VACCINE

I have received information concerning Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the vaccine. I understand that I must have three (3) injections over a period of six (6) months of the vaccine to confirm immunity; however, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse effects from the vaccine. I understand that it is recommended that I do not become pregnant during the course of receiving the vaccine. I request that the vaccine be given to me by a representative of Sea Mar Community Health Clinics or Sea Mar Community Care Center/Health Center. I understand that should I leave employment of Sea Mar Community Care Center/Health Center, I will be responsible for the completion of the course of vaccination.

(Name of Employee to Receive the Vaccines)

(Date Signed)

(Signature of Employee to Receive the Vaccines)

(Date Signed)

REFUSAL FOR HEPATITIS B. VACCINE

I understand that due to the nature of my work and to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine by Sea Mar Community Care Center/Health Center at no charge to myself; however, I decline the Hepatitis B vaccine at this time. I understand that by declining the vaccine at this time, I continue to be at exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(Name of Employee declining the Vaccines)

(Date Signed)

(Signature of Employee declining the Vaccines)

(Date Signed)

SEA MAR COMMUNITY HEALTH CENTERS
Seattle, Washington

CATEGORY: Work Rules

TITLE: Confidential Information
NUMBER: 104.07

POLICY

It is the policy of Sea Mar Community Health Centers that an individual's privacy and dignity will be respected at all times. Thus, the patient-provider/employee-employer relationship will be protected and all employees are expected to keep all information/material in the strictest confidence.

POLICY STATEMENTS

- I. Patient-Provider Confidentiality - Sea Mar clients have the right to expect that records and information pertaining to their care are treated as confidential.
 - A. Any information received by staff, consultants, or volunteers from clients or regarding clients and related to their care, examination or treatment, or their financial status is confidential and may be disclosed to other staff only as necessary for the performance of the functions of the health care system and in compliance with applicable laws and regulations.
 1. Formal and informal consultation about clients among professional staff is often helpful and is encouraged in matters directly related to the health care of members.
 2. Such consultations must be held in private locations where other members and non-involved staff cannot overhear the conversation.
 - B. Our policies on confidentiality of client information apply equally to data stored in computers and in paper records.
 1. Under no circumstances will client records leave the agency premises without the express permission of the Executive Director.
 2. No information contained in the client record will be released without the express written authorization of the client.
 3. Records will be released in accordance with the Health Care Information Act and the Health Insurance Portability and Accountability Act (HIPAA).
 - C. All facts relating to Sea Mar client care constitutes confidential information and, this

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POLICY STATEMENTS – Cont'd

being so, employees are never to discuss any of this information with any unauthorized individuals.

- D. Any employee who reads client records for personal reasons will be subject to immediate discharge.
- II. Employee-Employer Confidentiality - Sea Mar employees have the right to expect that records and information pertaining to their employment are treated as confidential.
- A. Any information received by staff, consultants, or volunteers regarding staff and related to their employment or their financial status is confidential and may be disclosed to other staff only as necessary for the performance of the functions of the health care system and in compliance with applicable laws and regulations.
 - B. An employee's personnel file is strictly confidential.
 - C. Requests for any employee information are to be forwarded to Human Resources. These requests could include, but are not limited to employment verifications.
 - D. No employee information or data should be shared except with direct supervisory staff.
 - E. Formal and informal consultation about employees among supervisory staff is often helpful and is encouraged in matters directly related to any employment issues as pertaining to the employee. Such consultations must be held in private locations where other supervisors and non-involved staff cannot overhear the conversation.
 - F. Our policies on confidentiality of employee information apply equally to data stored in computers and in paper records.
 - 1. Under no circumstances will employee files leave the Human Resources Department without the express permission of the Human Resources Director or in his/her absence, the permission of the Executive Director or designee.
 - 2. No information contained in the employee file will be released without the express written permission of the employee.

TITLE: Confidential Information
NUMBER: 104.07

POLICY STATEMENTS – Cont'd

- III. All employees will be required to sign an agency wide Confidentiality Agreement. This agreement will be signed upon hire and then on an annual basis
 - A. This agreement is to be signed at the same time the employee appraisal is presented to the employee.
 - B. The signed agreement will be forwarded to Human Resources along with the completed and signed employee evaluation.
- IV. Individual departments may require department specific confidentiality agreements based on the individual's job functions. This agreement will be signed upon hire and then on an annual basis.
- V. This (these) agreement(s) will become part of the employee=s personnel file.
- VI. Violation of this policy will be grounds for immediate disciplinary action up to and including termination.