



MULTIPLE DAY VOLUNTEER REGISTRATION PACKET

Volunteers who work in any capacity for the Department of Public Health (DPH) must be registered through the Volunteer Services Program (VSP). This packet applies to volunteers who serve for **MORE** than one day. A DPH employee must be designated to supervise each volunteer. The supervisor may use discretion in selecting which forms are appropriate to the specific duties of each volunteer. Programs may recruit their own volunteers or contact the VSP for assistance. A background check is required before the first day of service.

The supervisor should make two copies of all signed and completed application forms. Give one copy to the volunteer, and retain the second copy in your program file. Send original forms to:

Health Education Section
Volunteer Services Program (VSP)
Mail Code: 0010

For more information, or if you need further assistance, call **1-800-782-4264**. Thank you for your cooperation

FORMS
PAGE #

REGISTRATION:

More than one day of service	Volunteer Registration Form2
	Volunteer Agreement3
	Orientation Checklist4
	Driver's License and Insurance (if applicable)5

SERVICE COMPLETION OR TERMINATION: Volunteer Separation Notice.....6
(Completed by DPH Supervisor)

Evaluation Form (Completed by Volunteer).....7

SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH
VOLUNTEER SERVICES PROGRAM
VOLUNTEER REGISTRATION FORM

1. Name: _____

2. Mailing Address: _____

3. City: _____ State: _____ Zip: _____

4. Telephone (cell): _____ (work) _____

5. Please indicate your interests, skills, specialized training you have, which could be utilized as a volunteer.

Interests: _____

Skills: _____

Training: _____

6. How many hours of volunteer service per week can you provide? _____

7. References:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

8. If you are a licensed health care provider, please indicate:

Type of license: _____

9. Please indicate any medical conditions that could affect your volunteer activities.

10. List the person to contact in case of an emergency.

Name: _____

Telephone (home): _____ (work): _____

SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH
VOLUNTEER SERVICES PROGRAM
VOLUNTEER AGREEMENT

I understand:

1. I will not be paid for providing service as a volunteer.
2. I will perform those job functions assigned to the designated position I fill.
3. My work performance will be under the professional and administrative supervision of a DPH designee.
4. I respect the right to privacy for all clients of the Department of Public Health, and will follow Health Insurance Portability and Accountability Act (HIPAA) requirements, to protect the privacy of Personal Health Information.
5. I agree to follow all County policies and practices regarding conduct and ethics that apply to County employees.
6. If I use my vehicle to conduct County business, I must have prior approval from my County supervisor, a valid California Driver's License, and auto liability and property damage insurance.
7. If I am injured while performing as a volunteer for the Department of Public Health, I must immediately report the injury to my supervisor.
8. The County may terminate this Agreement at any time, upon occurrence of professional or personal misconduct, upon my breach of this Agreement, or other good cause.
9. I have read this agreement. I understand and agree to abide by all terms listed above.

Volunteer Signature

Date

Supervisor's Signature

Date



SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH
VOLUNTEER SERVICES PROGRAM

INFORMATION SECURITY
Health Insurance Portability and Accountability Act (HIPAA)

Student Last Name (print)

Student First Name (print)

BASIC TRAINING
ACKNOWLEDGEMENT FORM

The County of San Bernardino, Department of Public health has provided me with basic training related to the health Insurance Portability and Accountability Act (HIPAA).

I have read the training material and I understand:

- What HIPAA is, its purpose and why we need it.
- HIPAA penalties
- What Protected Health Information (PHI) is *and* is not
- I am allowed to disclose PHI *ONLY* to do my job
- What disclosures are:
 - Required by law
 - Permitted under HIPAA *and*
 - Miscellaneous allowable disclosures
- HIPAA safeguards
- Clients right *and*
- Department of Public Health HIPAA complaints procedure

I agree that I will safeguard all protected health information.

Student Signature

Date

Public Health Section or Program

DPH Supervisor

HIPAA Analyst

Date



SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH
VOLUNTEER SERVICES PROGRAM

**STATEMENT OF COMPLIANCE
WITH ADULT ABUSE REPORTING LAW**

All students of the Department of Public Health are required to sign a statement indicating they will comply with the provisions of the Welfare and Institutions Code, Section 15630.

California State Law **REQUIRES** care custodians, health practitioners, and employees of adult protective services agencies and local law enforcement agencies to report physical abuse of elders and dependent adults.

Those professionals must report any of the following circumstances:

1. Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.
2. The deprivation by a caregiver of goods or services that are necessary to avoid physical harm or mental suffering.

The report must be made immediately, or as soon as possible, by telephone to either the long-term care ombudsman coordinator or to a local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility; to the designated investigators of the State Department of Mental Health or the State Department of Development Services, or the local law enforcement agency when the abuse is alleged to have occurred in a State Mental Hospital or a State Developmental Center; or either the county adult protective services agency or to a local law enforcement agency when the abuse is alleged to have occurred anywhere else, and must be followed by a written report within 2 working days. The report must include:

1. The name of the person making the report
2. The name, age and present location of the elder or independent adult.
3. The names and addresses of family members or other persons responsible for the elder or dependent adult.
4. The nature and extent of the person's condition.
5. Any information that led the reporter to suspect the abuse has occurred.
6. The date of the incident.

I have read the above, and will report any suspected violations of W & I Code, Section 15630 to my supervisor/ preceptor.

Student Initials

Date



SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH
VOLUNTEER SERVICES PROGRAM

**STATEMENT OF COMPLIANCE
*WITH CHILD ABUSE REPORTING LAW***

In accordance with state law, all students are required to sign a statement indicating that they will comply with the provisions of Penal Code (PC) Section 11166.5.

Any person who enters into employment on or after January 1, 1985, as a child care custodian, medical practitioner, or non-medical practitioner, or with a child protective agency, prior to commencing his or her employment, and as a prerequisite to that employment, shall sign a statement on a form provided to him or her by his or her employer to the effect that he or she has a knowledge of the provision of Section 11166 and will comply with its provisions.

Penal Code Section 11166 requires any mandated reporter who has knowledge of or observes a child in his or her professional capacity and reasonably suspects the child has been the victim of abuse to report the suspected abuse.

I will comply with the provisions of Penal Code 11166.

Student Initials

Date



SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH
VOLUNTEER SERVICES PROGRAM

**STUDENT INTERN
POLICY ACKNOWLEDGEMENT FORM**

Student Name

ACKNOWLEDGEMENT:

I acknowledge receipt of the policies included in the Student Intern Registration Packet, as specified below. I understand my responsibilities, and I will adhere to the provisions in these policies.

- **STUDENT INTERNSHIP AGREEMENT**
- **STUDENT INTERN WORK ETHICS**
- **STATEMENT OF COMPLIANCE WITH ADULT ABUSE REPORTING LAW**
- **STATEMENT OF COMPLIANCE WITH CHILD ABUSE REPORTING LAW**
- **HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)**

Student Signature

Date

Supervisor Signature

Date

SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH
VOLUNTEER SERVICES PROGRAM
DRIVER'S LICENSE AND INSURANCE
Please provide a copy of a valid driver's license and proof of insurance

Volunteer's Name: _____

California Driver's License: Expiration Date: _____

Insurance Carrier: Telephone #: _____

Policy Number: Expiration Date: _____

IMPORTANT

To All Volunteers Driving Their Personal Cars on County Business:

You are prohibited from using your car on County business unless you have the minimum coverage required by the California Motor Vehicle Code. It is mandatory that volunteers operating a personal car on County business have a valid California Driver's License (CDL) and the legally required minimum insurance. Further, it is the responsibility of the volunteer to insure that the CDL remain current and that, should any conditional use provisions or restriction become a part of that license, the information is promptly reported to the Supervisor. The volunteer must attend a driver's awareness class that is provided by the County of San Bernardino.

Under no circumstances are volunteers to transport clients in their personal vehicles.

I certify that all statements made in this application are true and complete to the best of my knowledge.

Volunteer Signature

Date

Supervisor Signature

Date



**COUNTY OF SAN BERNARDINO
POLICY MANUAL**

No. 06-01

ISSUE 3

PAGE 1 OF 3

By

EFFECTIVE 08-30-05

SUBJECT

APPROVED

NON-DISCRIMINATION/HARASSMENT POLICY

CHAIRMAN, BOARD OF SUPERVISORS

POLICY STATEMENTS

NON-DISCRIMINATION POLICY

It is the Policy of the Board of Supervisors that the County of San Bernardino shall not discriminate against or tolerate the harassment of employees or applicants for employment on the basis of actual or perceived age, ancestry, color, race, sex, religion, national origin, marital status, physical or mental disability, medical condition, or sexual orientation or any other basis protected by law. All County employees or applicants for employment are to be treated with respect and dignity. In addition, the County shall not discriminate on the basis of disability in admission or access to, or in operations of, its programs, services or activities. It is the responsibility of all County employees to adhere to and implement this Policy. The County has zero tolerance for any conduct that violates this Policy. Conduct need not arise to the level of a violation of the law in order to violate this Policy. Instead, failure to follow the Policy provides grounds for disciplinary action up to and including termination of employment or vendor contracts.

Persons who believe they have experienced any form of discrimination or harassment are encouraged to report this immediately, using the Complaint Resolution Procedure provided in the Section entitled INDIVIDUAL RIGHTS AND RESPONSIBILITIES AND COMPLAINT PROCEDURE.

ANTI-RETALIATION

It is the Policy of the Board-of Supervisors to prohibit the taking of any adverse employment action against those who report, oppose, or participate (as witnesses or accused) in investigations into complaints of alleged violations of this Policy or State or Federal law in retaliation for that reporting, opposition, or participation. Disciplinary action, up to and including termination, will be taken against any employee who is found to have violated this Anti-Retaliation provision. Any contractor who violates this provision will be subject to appropriate sanctions.

SEXUAL HARASSMENT POLICY

It is the policy of the County of San Bernardino to provide a work environment free from unwelcome sexual overtures, advances or coercion. Employees are expected to adhere to a standard of conduct that is respectful to all persons within the work place. The County will not tolerate any form of sexual harassment, nor will it tolerate any act of retaliation against any person filing a complaint of sexual harassment. In addition, favoritism that arises from consensual romantic or sexual relationships between employees may be construed as harassment. This Policy applies to regular status, probationary or contract employees; applicants for County employment; elected officials, department heads, exempt employees and vendors' actions towards County employees.

DEFINITIONS

Discrimination is any practice, process or action in the work place which works against equality of opportunity and against the ability of each person to be employed and to advance on the basis of merit, due to age, ancestry, color, race, sex, religion, national origin, marital status, physical or mental disability, medical condition, or sexual orientation or other status protected by law unless such practice, process or action is necessary for employment purposes.

Harassment may be verbal, physical, visual, or sexual. It may be made in general or directed to an individual, or a group of people. Harassment may occur regardless of whether the behavior was intended to harass. Harassers may be supervisors, managers, co-workers, contractors or members of the public. General forms of harassment on the basis of age, ancestry, color, race, sex, religion, national origin, marital status, physical or mental disability, medical condition, or sexual orientation or other status protected by law include, but are not limited to, the following examples:

COUNTY RESPONSIBILITIES

The County recognizes its obligation to take prompt and appropriate action if an incident of discrimination or harassment occurs and to avoid or minimize the impact of any incident of discrimination or harassment. The County will pursue all reasonable preventive measures to ensure the work place; programs and services are free of discrimination or harassment. Pursuant to these obligations, the County shall do the following:

1. Investigate any complaint of discrimination, harassment or retaliation. The investigation of complaints will be prompt, thorough, objective and complete. The investigation will be conducted in a confidential manner as is compatible with a thorough investigation of the complaint and consistent with the rights of employees under the Personnel Rules and relevant laws.
2. Fully inform complainant of his/her rights and any obligation to secure those rights.
3. If a complaint of discrimination, harassment or retaliation is made, the accused will be informed of the allegations and given an opportunity to respond. If discrimination, harassment or retaliation is proven by the impartial investigation, prompt and appropriate remedial action will be taken. An employee found to have violated this policy will be subject to disciplinary action, up to and including termination. In addition, appropriate steps will be taken to prevent any further discrimination, harassment or retaliation. Action will be taken to remedy the complainant's loss, if any.
4. The County will disseminate this policy to all employees (i.e., regular, probationary, extra help, recurrent, and contract) and will include this policy in orientation packages for new employees. This policy applies to all elected officials, appointed department heads and exempt employees.

INDIVIDUAL RIGHTS AND RESPONSIBILITIES AND COMPLAINT PROCEDURE

The County does not intend to regulate or control any relationship or social interaction of individuals, which is freely entered into by all parties. However, the cooperation of individuals is necessary to insure a professional and healthy working environment where discrimination and harassment are not tolerated.

An individual should make it clear that he/she is not interested in, or flattered by, uninvited sexual advances.

An individual should make it clear that he/she is offended by actions or speech in violation of this policy.

If appropriate, and the individual feels comfortable in doing so, he/she should inform the offending party what specific conduct or behavior is offensive and unwelcome and request that any such harassing or discriminatory action/speech be stopped immediately.

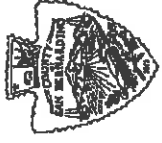
If the individual does not believe it is appropriate to speak directly to the offending party, or does not feel comfortable doing so, the individual should promptly notify his/her immediate supervisor of the offending conduct, or the supervisor of the offending party.

If the individual is not comfortable in reporting the matter to his/her supervisor, or if the supervisor is the offending party, the individual should report the discrimination, harassment, or retaliation to a representative from the County's Equal Employment Opportunity (EEO) Office or to a Human Resources Officer, refer to **Addendum 1** for contact information.

If an individual feels a complaint is not adequately resolved, he/she has the right to file a formal complaint of discrimination, harassment, or retaliation with the County's EEO Office. Any individual who believes he/she has been discriminated, harassed, or retaliated against has the right to file a complaint with the County's EEO Office. In the event the investigative findings of the EEO Office are not satisfactory to the complainant, the complainant may appeal the findings to the Human Resources Director.

The processing of complaints is accomplished according to the Complaint Resolution Procedure provided to new employees at orientation and included in the County's EEO Plan established by the Human Resources Department. Copies of the Complaint Resolution Procedure are available from the County's EEO Office.

Individuals who believe they have been discriminated, harassed, or retaliated against may also file a complaint of discrimination and seek legal remedies, including reinstatement and back pay, through state and federal agencies, refer to **Addendum 1** for specific contact information.



Non-Discrimination/Harassment Policy (06-01)

Addendum 1

Contact Information for Processing Complaints:

County of San Bernardino Equal Employment Opportunity Office	157 W. Fifth Street San Bernardino, CA 92415-0440	Telephone TDD	(909) 387-5584 (909) 387-6091	www.sbcounty.gov/hr/
County of San Bernardino Employee Relations Division (Human Resources Officers)	157 W. Fifth Street San Bernardino, CA 92415-0440	Telephone TDD	(909) 387-5584 (909) 387-6091	www.sbcounty.gov/hr/
California Department of Fair Employment and Housing (DFEH)	Los Angeles District Office 611 West Sixth Street, Suite 1500 Los Angeles, CA 90017	Telephone Toll-free FAX TTY	(213) 439-6799 (800) 884-1684 (213) 439-6715 (213) 892-6494 (800) 700-2320	www.dfeh.ca.gov
	Santa Ana District Office 2101 East 4th Street, Suite 255-B Santa Ana, CA 92705-3855	Telephone Toll-free FAX TTY	(714) 558-4266 (800) 884-1684 (714) 558-6461 (800) 700-2320	
	Sacramento District Office 2000 O Street, Suite 120 Sacramento, CA 95814-5212	Telephone Toll-free FAX TTY Telephone	(916) 445-5523 (800) 884-1684 (916) 323-6092 (800) 700-2320 (800) 884-1684	
	San Bernardino District Office	Telephone	(800) 884-1684	
U.S. Equal Employment Opportunity Commission (EEOC)	Roybal Federal Building, 255 E. Temple Street, 4 th Floor, Los Angeles, CA 90012,	Telephone Toll-free FAX TTY TTY	(213) 894-1000 (800) 669-4000 (213) 894-1118 (213) 894-1121 (800)-669-6820	www.eeoc.gov/