

OLIVE VIEW-UCLA MEDICAL CENTER  
JUNIOR APPLICATION (14 to 17 years)

Print Last Name: \_\_\_\_\_

Print First Name: \_\_\_\_\_

Have you ever been convicted of any felony? Check One: \_\_\_\_\_No \_\_\_\_\_Yes  
If yes, or you are doing court ordered community service or community service for probation violations or school truancy, STOP NOW and consult with the Volunteer Office personnel.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Your Birthdate: \_\_\_\_\_

Name of School: \_\_\_\_\_ School Phone: (\_\_\_\_\_) \_\_\_\_\_

Address of School: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Are you volunteering for school credit? \_\_\_No \_\_\_Yes If yes, how many hours: \_\_\_\_\_

Have you volunteered before? \_\_\_No \_\_\_Yes If yes, where: \_\_\_\_\_

Is it your career goal to work in the medical field? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, what would you like to do? (Example: Doctor, Nurse, etc.) \_\_\_\_\_

\_\_\_\_\_  
If No, why would you like to volunteer in a hospital? \_\_\_\_\_

\_\_\_\_\_  
Is there a specific area in the hospital which interests you most? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, where: \_\_\_\_\_

\_\_\_\_\_  
(Please note: Every effort will be made to place applicants in an area of interest. Some areas will only accept a limited number of volunteers and some areas do not accept volunteers. If you do not have a specific area of interest, you will be placed in an area most beneficial to the hospital and patients).

Do you speak any other language? \_\_\_No \_\_\_Yes If yes, what language: \_\_\_\_\_

Is there any other information you would like to share about yourself? \_\_\_\_\_

\_\_\_\_\_  
Personal (non-family) reference (such as a teacher, physician, other adult): \_\_\_\_\_

Phone: \_\_\_\_\_

Do you know anyone who is currently, or will be, volunteering at this hospital? \_\_\_No \_\_\_Yes:

Name: \_\_\_\_\_

**Certification:** As a Volunteer at Olive View-UCLA Medical Center, I will be loyal, dependable and punctual. I will follow the rules of this facility and will keep in strict confidence all matters learned or observed in the course of my services. I agree to complete a 90 minute facility orientation (before my placement interview with the Volunteer Director) and any required training courses. I agree to accept release from service for any reason deemed sufficient by the Volunteer Office, Department Chief, or designated agent. I agree to pay for any uniforms that I fail to return or damage. I understand that I must follow the hospital dress code. I understand that I am responsible to supply proof of annual Tuberculosis (T.B.) Skin Test, or will agree to having this test performed through the hospital Employee Health Services. I agree to complete a minimum number of 50 service hours, before receiving a "Certificate of Completion". I understand that volunteers receive no monetary compensation.

**Applicant please note: Your signature is required SIX times on this application.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian please note: Your signature is required FIVE times on this application.

Has the applicant had a Tuberculosis (T.B) Skin test within the last 12 months? \_\_\_\_\_No \_\_\_\_\_Yes If yes, please attach a copy of results. If no, please sign enclosed T.B. consent form (test is free of charge). Does the applicant have any disabilities/limitations or take medications? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, please explain: \_\_\_\_\_

**Medical Waiver:** The undersigned hereby consents to, authorize and request the Department of Health services of Los Angeles County, its physicians, surgeons, dentists and its medical personnel to administer and perform any and all medical examinations and treatments, dental examinations and treatments, diagnostic procedures, vaccinations, and immunizations against disease which may now or during the course of volunteerism be deemed advisable or necessary. **Certification:** My child is between 14 to 17 years old and is not volunteering for probation.

**Parent/Guardian's Work or DAYTIME Telephone Number:** (\_\_\_\_) \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

### Volunteer Liability and Insurance Statement

If you are a person who is duly enrolled as an individual or as a group member in a volunteer program sponsored by a department of Los Angeles County, the following information will answer your concerns about insurance and your liability for your actions while serving as a volunteer.

#### What happens if you are injured in the course of a volunteer assignment?

County volunteer workers accident insurance reimburses the volunteer accident victim for medical expenses resulting from an accident sustained in the course of rendering volunteer services to the County. If the volunteer has personal medical insurance coverage, this must be utilized as a primary resource before claiming reimbursement from the Los Angeles County insurance program. Volunteer coverage provides up to a total of \$4,000 for injuries and provides accidental death benefits in the amount of \$3,000. Medical expenses benefits are on a reimbursement basis, therefore, it is not necessary that the volunteer be referred to any specific hospital or facility. All injuries should be reported to the Volunteer Office and to your area supervisor WITHIN 24 hours or on the next regular work day, even though you use your own personal insurance to cover expenses involved. If you are injured on the job in the hospital, report the injuries immediately to the Volunteer Director and departmental supervisor. All claims must be submitted on the proper claim form(s) through the Volunteer Office.

#### What happens if a client you are serving or someone else is injured in activities while you are acting as a volunteer?

County ordinance allow the same liability protection for volunteers as for regular employees. The ordinance provides liability protection from suits by third parties for volunteers while they are performing assigned tasks unless the volunteer acts or fails to act because of actual fraud, corruption, or actual malice or outside the scope of their assigned tasks. Additionally, the volunteer cannot be indemnified against any judgment against them for punitive damages. Therefore, it is very important that you have a clear understanding of the procedures you may need to follow. Please contact the Volunteer Office during regular working hours if you need additional information.

#### If you drive a car as part of your volunteer assignment, do you need car insurance?

The County liability protection does not excuse you from observing California state laws regarding auto insurance nor from maintaining a valid driver's license. The Volunteer Office will require information regarding your auto insurance and verification of a valid driver's license before giving you an assignment involving transportation of clients/patients or times for use in the course of Volunteer Services Programs.

#### In case of emergency or accident involving a patient/client of a County agency while away from the hospital:

1. Assist client/patient to nearest medical facility.
2. Notify the responsible family member.
3. During working hours, notify the Volunteer Office.
4. Evening and weekends, notify the Assistant Nursing Director.
5. Evenings and weekends, notify the Volunteer Director the next work day.
6. Should the situation warrant emergency care, call 911.

**For your protection:** If your assignment with a minor will involve you in an activity without the presence of their parents or guardian, remember to always have in your possession a participation/medical consent form properly completed by parent, guardian or probation office.

Remember... As a volunteer, you are a non-compensated County employee. Report on-the-job injuries to your area supervisor and Director of Volunteers at (818) 364-3074 immediately. You must complete insurance claim forms on the next working day; otherwise, the County of Los Angeles may not assume any responsibility or liability expenses.

*I have read the above statement and have a clear understanding of the Los Angeles County Accident Insurance Program for Volunteers.*

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Subject: Capping, Gift & Gratuities, Solicitation**

Any individual employed by the County, on a voluntary basis, who is simultaneously engaged in professional or vocational activities outside County control, shall not either directly or indirectly benefit from such relationships.

**CAPPING:** Capping is soliciting business for attorneys. It is illegal for employees or volunteers to solicit any business for attorneys, both on or off County property, or act as a runner or capper for an attorney in the solicitation of business. All known violations must be reported to Administration.

**GIFT AND GRATUITIES:** Volunteers shall not accept gifts or gratuities from patients, vendors, or other persons with whom the County does business, or with whom they may come in contact with while conducting County business.

**SOLICITATION:** No volunteer shall solicit for a private vendor, nor refer any County patients or clients for treatment or services. Solicitation may be interpreted to include the act of selling or attempting to sell goods or services, the request for contributions, and the solicitation of persons to sign or distribute petitions on County premises.

*I hereby acknowledge that I have reviewed and fully understand the above.*

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality of Information**

This organization acknowledges both a legal and ethical responsibility to protect the privacy of patients and employees. Consequently, the indiscriminate or unauthorized review, use, or disclosure of personal information, medical or otherwise, regarding a patient or employee is expressly prohibited. Except when required in the regular course of business, the disclosure of patient information is strictly forbidden. Individuals who have access to employee information or business information designated as confidential by administrators or managers are expected to respect and treat the confidentiality of such information in the same manner as that of patient information.

*This is to certify that I have read, understand and acknowledge the significance of this policy. A single violation of this policy will result in immediate discipline, up to and including discharge from the volunteer program.*

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information**

**DRESS CODE STANDARDS:** Hats, short-shorts, tank tops, bare midriffs, mini-skirts, open toe shoes/sandals, high heel shoes, long-dangling earrings or sunglasses are not permitted. T-shirts should have no logos. Longer (Bermuda Length) shorts are permitted in some areas: check with your area supervisor. Olive View vests are required depending on the service to which you are assigned: Generally clean, preferably slacks and nice shirt are appropriate for all areas. *Identification badge* is worn on upper left quadrant of the body **AT ALL TIMES.**

**HYGIENE:** Good hygiene practices are necessary not only to decrease the infecting rate, but also for the comfort of the patients we serve. To avoid unpleasant situations, please: Bathe before your shift. Use a deodorant, brush you teeth. Hair should be neatly styled: long hair must be secured in certain areas. Fingernails must be clean and neatly manicured.

**BREAKS/LUNCH:** A 15 minute break is allowed after two hours of volunteer time; inform your supervisor before leaving your assigned area for break or lunch (lunch is ½ hour). Ordinarily, two volunteers on the same unit will not be allowed to break together due to service needs.

**MEAL TICKETS:** A free meal is provided after a minimum of four hours of service, with a maximum of one meal per day. Cafeteria hours are 6:30am to 7:30pm. You may obtain your meal ticket in the Volunteer Office (or in Nursing Administration, room 2C210). Be sure to sign out your meal ticket and write your name on the back. Please do not use your meal ticket for snacks or beverages, only for a full breakfast or lunch. Please do not eat or drink in your work area: Please use the cafeteria, Volunteer Office or designated lounge areas.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_