



Volunteer Application Packet

Welcome to Elica Health Centers!

Elica Health Centers (EHC) is committed to providing high quality, affordable primary health-care services to families and children by emphasizing prevention, wellness, health education and disease management.

In partnership with other service organizations, EHCs is dedicated to providing a professional and caring medical home that serves the total health-care needs of the low income, multicultural, multi-ethnic population, especially the Slavic immigrant population in the greater Sacramento area. We provide a comprehensive suite of high quality, affordable health care services, including primary and preventative health care, pediatrics, dental care, mental health services, and podiatric care.

Dear Applicant,

Thank you for your interest in the Elica Health Centers! This volunteer packet is designed to help you navigate successfully as a volunteer at Elica where we put "Patients First" and continue Elica's tradition of "Healing with Heart" the guiding principle of everything we do. We are looking forward to helping guide you as you begin your exploration down a path of limitless career potential, philanthropic efforts and giving back to our local community.





VOLUNTEER APPLICATION

Your completed application will assist us in identifying potential volunteer opportunities that are best suited to your interests, experience, and learning objectives. **Please attach a resume.**

| | |
|---|----------------|
| PERSONAL INFORMATION | |
| NAME | DATE |
| ADDRESS, CITY, STATE, ZIP | E-MAIL ADDRESS |
| HOME PHONE | MOBILE PHONE |
| CHECK ONE (OR MORE) OF THE FOLLOWING: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT | |
| AREA(S) OF INTEREST | |
| | |
| How did you hear about us? _____ How many hours/days per week would you be available to volunteer _____ Duration of volunteering: _____ We require a minimum of 60 hours per year, are you able to commit to this? <input type="checkbox"/> YES <input type="checkbox"/> NO Anticipated start date: _____ | |
| ARE YOU REQUIRED TO COMPLETE VOLUNTEER HOURS TO FULFILL AN EDUCATIONAL PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO NO If yes, list name of program: _____ Required hours to complete: _____ Name of Institution: _____ | |



| EDUCATION: ACADEMIC AND/OR VOCATIONAL | | | |
|---------------------------------------|-----------------------|-----------------|---|
| SCHOOL NAME | FIELD OF STUDY/DEGREE | GRADUATION YEAR | ENROLLMENT STATUS |
| | | | <input type="checkbox"/> ENROLLED <input type="checkbox"/> GRADUATED |
| | | | <input type="checkbox"/> ENROLLED <input type="checkbox"/> GRADUATED |
| | | | <input type="checkbox"/> ENROLLED <input type="checkbox"/> GRADUATED |

| LANGUAGES SPOKEN | | | |
|------------------|------------------|--|---|
| LANGUAGE | FLUENT? (Y/N) | VERBAL SKILLS (Basic, Intermediate, Advanced) | WRITTEN SKILLS (Basic, Intermediate, Advanced) |
| | | | |
| | | | |
| | | | |

SKILLS (List computer skills, equipment skills, and/or other skills or aptitudes which may apply to this position):

Why do you want to volunteer and what do you hope to gain from serving at Elica Health Centers? Is there anything else you would like us to know about you (e.g. career goals, special needs, etc.)?

PROFESSIONAL LICENSE(S) AND CERTIFICATIONS

| NAME OF LICENSE OR CERTIFICATION | ISSUED BY | EXPIRATION DATE | STATE ISSUED |
|----------------------------------|-----------|-----------------|--------------|
| | | | |
| | | | |
| | | | |

VOLUNTEER/WORK EXPERIENCE

| ORGANIZATION/EMPLOYER | DATE STARTED | DATE ENDED | POSITION HELD |
|-----------------------|--------------|------------|---------------|
| DUTIES HELD: | | | |
| ORGANIZATION/EMPLOYER | DATE STARTED | DATE ENDED | POSITION HELD |
| DUTIES HELD: | | | |

MY AVAILABILITY

| | | |
|-----------|--|---------------------|
| MONDAY | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | From _____ to _____ |
| TUESDAY | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | From _____ to _____ |
| WEDNESDAY | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | From _____ to _____ |
| THURSDAY | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | From _____ to _____ |
| FRIDAY | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | From _____ to _____ |



I hereby authorize Elica Health Centers (EHC) to verify the accuracy of information contained in this volunteer application for all previous employers and educational institutions. I give EHC the authorization to check the status of my professional license(s) as well as other authorities and agencies who may have pertinent information regarding any professional license or certificate I might use if offered employment with EHC.

I understand and agree that in the performance of my duties as a volunteer with EHC, I must abide by all policies and procedures, including to hold as strictly confidential all medical information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Elica Health Centers reserves the right to decline volunteer assistance, when necessary. Completed volunteer applications and written qualifications do not guarantee an individuals' placement within the organization's volunteer program. Selection and appropriateness for all volunteer positions will be at the discretion of the department directors.

By signing below, I certify that the information I have provided in this application is accurate and true to the best of my knowledge and that no assertions have been falsified.

| | |
|------------------------------------|--------------|
| Volunteer Name (Print Name) | Date: |
| Signature: | |



Volunteer Information Page

VOLUNTEER INFORMATION

| | | |
|-----------------|-------------|------|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | |
| Email: | | |
| Position: | Department: | |
| Manager's Name: | | |

| | |
|---|---|
| The applicant is 18 years old and over: | <input type="radio"/> Yes <input type="radio"/> No |
|---|---|

| | |
|-----------------------------------|---|
| Proposed Start Date (mm/dd/yyyy): | <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Temporary |
| Proposed End Date (mm/dd/yyyy): | |

| | |
|-------------------|--------------------|
| Date(s) on Site: | Responsible Staff: |
| Purpose of Visit: | |

OPTIONAL INFORMATION

| |
|----------------|
| Spouse's Name: |
| Child's Name: |
| Child's Name: |
| Child's Name: |

Revised on April 29, 2022



EMERGENCY CONTACT INFORMATION

| | |
|-----------------------------------|----------------|
| Name: | |
| Street Address, City, State, Zip: | Daytime Phone: |
| | Cell Phone: |



Volunteer Acknowledgement

Elica Health Centers (EHC) has accepted me as a volunteer. I am willingly donating services for philanthropic reasons. As a volunteer, I understand that I have the ability to decide when, and to what extent I am willing to participate in activities at EHC for humanitarian reasons. I also understand that while I am doing philanthropic work at EHC, I: will not be considered an employee in any manner, will not be covered by EHC's workers' compensation insurance, and that I will be donating my services completely on a volunteer basis.

By signing below, I wish to clarify that I have no intention of working for the payment of wages, but instead that I am voluntarily providing my time to EHC for strictly philanthropic and humanitarian motives. I understand that I will not receive any of the privileges, insurance coverage, or benefits that are offered to bona fide employees of EHC.

| | |
|-------------------------------------|--------------|
| Volunteer Name (Print Name): | Date: |
| Signature: | |

| | |
|------------------------------|--------------|
| Witness (Print Name): | Date: |
| Signature: | |



HIPAA Volunteer Commitment to Compliance

I have read and understand the Elica Health Centers (EHC) HIPAA compliance document. I agree to comply within all areas of my personal responsibility, and to maintain and update my knowledge about State and Federal HIPAA laws and HIPAA program requirements.

I will comply with these requirements to the best of my ability. I will let the Compliance Officer know if there is any area where I feel our practice is not in compliance with these laws and program requirements. Our compliance program includes adherence to the following principles:

1. We seek to maintain up-to-date knowledge of Federal and State law pertaining to the protection of our patient's Protected Health Information (PHI).
2. All volunteers are educated on HIPAA requirements and are kept up to date about State and Federal law as it pertains to PHI and HIPAA regulations.
3. The practice policy is to comply with State and Federal law(s) governing PHI.

All volunteers are trained to recognize items of PHI, and understand that such information must be treated with the utmost attention, accuracy, honesty, and integrity at all times. Furthermore, patient information that constitutes PHI must be kept confidential and released only with proper authorization.

The Company works to educate and carry out our HIPAA policies with all employees, volunteers, managers, supervisors, clinicians (and where appropriate), contractors, business associates, and other agents with whom EHC volunteers may come into contact.

I understand the Company's policy as it pertains to HIPAA regulations and laws. I agree to work in a manner that maintains compliance with all HIPAA laws and regulations, as well as Company established policies.

I also understand that EHC maintains an open door policy and that I may discuss any problem or concern that I may have with respect to HIPAA compliance and PHI of our patients without fear of recourse or retaliation from the Company.

| | |
|--|-------|
| Volunteer's Signature: | Date: |
| EHC Compliance Officer Signature: | Date: |



Mission, Vision, and Corporate Culture

(For Providers, Employees, Volunteers, and Independent Contractors)

Mission Statement

At Elica, we are committed to providing quality health care services, emphasizing prevention, wellness, health education and disease management, which improve community health outcomes.

In partnership with other organizations, Elica is dedicated to administering professional and compassionate health homes that serve the needs of low-income, multi-ethnic populations throughout the great Sacramento area -- particularly immigrant communities including Slavic and others.

Vision Statement

Every person has access to timely, preventive and appropriate health care that allows them to live their life as fully as possible.

Our Values

At Elica we believe in and are guided by the following four values and ethical principles:

- **Respect:** To recognize the inherent worth of each person and to honor the human dignity of all persons, regardless of social status, race, ethnicity or religious beliefs.
- **Integrity:** To act with trustworthiness, honesty, transparency and accountability when dealing with individuals, groups and partners while providing medical care and conducting business.
- **Collaboration:** To participate and work with other individuals and service provider organizations who share similar values and goals in order to achieve a preferred outcome, supportive relationships and quality services.
- **Service:** To work for the benefit and good of others, out of a spirit of dedication and compassion for people in medical need and to seek to further their well-being and meet their expectations.

As individuals, we make a difference in everyone with whom we come in contact. Those of us involved in the provision and delivery of health care have a unique opportunity to demonstrate a compassion for the complete wellbeing of our patients, our visitors, our staff, our community, and ourselves. Our corporate culture demonstrates this deep seated belief.

1. Do unto others as you would like them to do unto you in an atmosphere of kindness, trust and cooperation.
2. Promote a healing environment for each patient - both physically and emotionally.
3. Commitment to efficient, effective quality care and service for patients, families, visitors, and one another is expected.
4. Personal appearance and dress should always reflect respect for the patients, families, visitors and each other.
5. Direct, honest, complete and open communication in an appropriate manner and setting is expected and

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encouraged. Within this context there is no room for gossip or rumor.

6. Parties with differences are accountable to resolve them.

7. Be objective when initiating action -- put aside territorial concerns and be guided by what is best for the organization.

8. "It can't be done" or "I don't know how" are not in our vocabulary. One can always ask for help.

9. Potential solutions and/or ideas are expected to accompany criticism and problem identification.

10. Be responsible and accountable for our individual actions -- right or wrong.

11. Each of us is responsible for all we do -- directly or indirectly. There is no "they" or "them," only "we" and "us!"

12. The possibilities of making a mistake or being wrong should not be obstacles to taking action.

13. Participation by each employee in the development of the Elica Health Centers is expected and appreciated.

Mission, Vision, and Corporate Culture Statement Acknowledgement

This is to acknowledge that I have received a copy of the Mission, Vision, and Corporate Culture Statement of the Elica Health Centers. I will familiarize myself with this statement and agree that I will abide by its contents.

| | |
|-------------------------------------|-------|
| Volunteer Name (Print Name): | Date: |
| Signature: | |



Volunteer Confidentiality Agreement

Confidentiality:

All volunteers including students have a responsibility to maintain confidentiality and to respect the privacy of our patients at all times. This extends to their family members as well. Any information of a confidential nature is not to be discussed with any person outside of Elica Health Centers (EHC) and within EHC, only discussed on a need-to-know basis.

Volunteers have a responsibility to avoid unnecessary disclosure of non-confidential internal information about EHC and its associates and business partners. This responsibility is not intended to impede normal business communications and relationships, but is intended to alert employees to their obligation to use discretion to safeguard EHC business matters. If an employee has any question in any situation, they should consult with their supervisor.

Additionally, volunteers must avoid disclosure of internal EHC information at all times. This is not intended to be in conflict with normal day-to-day business communications; however, it is intended to remind employees that they should not disclose important and confidential information about EHC, its patients, employees, business processes as well as other company information.

Volunteers are required to adhere to all aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) with respect to how they handle patient information and Protected Health Information (PHI).

Business Partner Confidentiality:

All information regarding both EHC patients as well as the vendors and business partners we deal with is confidential information that should be guarded at all times. This pertains to all records maintained by EHC. Names of patients, vendors and business partners, as well as their confidential information may not be disclosed to parties outside of EHC. EHC business records may not leave the office unless the employee receives specific authorization to do so from the CEO of EHC.

As tempting as it may be at times, it is a violation of our Confidentiality Policy as well as HIPAA law for the employee to discuss patient, vendor, business partner, or employee matters with the employee's friends, spouse, relatives, or anyone else outside of EHC unless the employee is ordered to do so by a court or otherwise required to do so by law. If you receive a request for such information, please refer the request to your immediate supervisor who will determine the best way to handle the request.

Volunteer Records:

All volunteer records are confidential and must be kept in a secure location. Employee records may not leave the office at any time unless specifically authorized by the CEO of EHC.

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|--------------------------------------|--------------|
| Volunteer Signature: | Date: |
| EHC Representative Signature: | Date: |