



Please complete and return to the VIMO Clinic, 819 Georgiana St, Port Angeles, WA 98362
 Phone: 360-457-4431 Fax: 360-457-7755

Name _____ Date of Birth _____
 First M.I. Last

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address (If Different) _____

Home Phone _____ Mobile Phone _____

Work Phone _____ E-mail _____

Best time(s) to call _____ Best number to call _____

What has prompted you to volunteer at the Volunteers in Medicine of the Olympics Clinic?

Assignments you are qualified for and interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Physician (Specialty _____) | <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Patient Registration/Intake |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Health Educator | <input type="checkbox"/> Board of Directors Member |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Program Developer |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Other: _____ |

Availability for Volunteering:

- | | |
|--|--|
| <input type="checkbox"/> Mon. & Tues. Medical Clinic (9am to 5pm) | <input type="checkbox"/> Evening Medical Clinic (5pm to 9pm) |
| <input type="checkbox"/> Thurs. & Fri. Behavioral Health Clinic (9am to 5pm) | <input type="checkbox"/> Administration Hours (9am to 5pm) |

Frequency for Volunteering:

- Once a Month Once a week Twice a Month Other _____

Emergency Contact:

Name/Relationship _____ Phone _____

References:

Work or Volunteer: Name _____ Phone Number _____

Personal: Name _____ Phone Number _____

(see other side)

ATTENTION VOLUNTEERS:

VIMO arranges for malpractice insurance coverage for licensed physicians, physician assistants, nurse practitioners and mental health counselors volunteering at the VIMO Clinic. In addition, all licensed health care providers have statutory immunity from medical malpractice claims pursuant to RCW 4.24.300. Non-licensed volunteers working in the VIMO Clinic are NOT covered by malpractice insurance or statutory immunity under RCW 4.24.300; however, VIMO will defend, at no cost to the volunteer, non-licensed volunteers named in a lawsuit arising out of volunteer activity at the VIMO Clinic.

Signature

Date



Harassment Policy

Approved by VIMO Board 04/10/2009

Policy: Harassment, Including Sexual Harassment

Volunteers in Medicine of the Olympics is committed to maintaining a professional work environment in which all employees, volunteer staff and patients are treated with respect and dignity. A vital element of this atmosphere is the VIMO commitment to equal opportunities and the elimination of discriminatory practices, including all forms of harassment.

Harassment is contrary to basic standards of conduct between individuals and is prohibited by the Equal Employment Opportunity Commission and state regulations. VIMO prohibits harassment based upon race, creed, color, religion, gender, age, national ancestry, disability, handicap (sensory or physical), sexual orientation, marital status, parental status, source of income, military discharge status or any other protected status. It will therefore constitute a violation of VIMO policy for any **employee, volunteer or board member** to engage in any of the acts or behavior defined below, and such misconduct will be subject to disciplinary action up to and including immediate discharge.

1. Definitions

a. Harassment – Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's gender, color, race, ancestry, religion, national origin, age, medical condition, physical or mental disability, marital status, veteran status, citizenship status, or other protected group status. VIMO will not tolerate harassing conduct that affects tangible job benefits, that unreasonably interferes with an individual's work performance, or that creates an intimidating, hostile, or offensive work environment.

b. Sexual Harassment – Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- (1) submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment;
- (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or,
- (3) such conduct has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

The following are examples of inappropriate behaviors that may constitute sexual or gender-based harassment. These examples are intended for general guidance and are not all-inclusive:

- Making jokes of a sexually explicit nature;
- Unwelcome physical conduct, such as patting, pinching, or brushing against another's body;
- Sexually oriented "kidding", "teasing", "practical jokes", jokes about gender or specific traits;
 - Foul or obscene language or gestures;

- Asking questions about an individual's sexual conduct, orientation or preferences;
 - Displaying sexually suggestive or obscene printed or visual material
- Laughing at, ignoring, or not taking seriously an employee who experiences sexual harassment.

Freedom from discrimination because of harassment on the basis of sex is protected under Ch. 49.60 RCW.

2. Complaint Procedure

Early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment. Therefore, any employee, volunteer staff or patient who has a complaint in response to prohibited harassment by another VIMO employee, board member, board member's family or volunteer staff, to include supervisors and co-workers, must immediately report the matter to a Clinic Manager, the Executive Director, or the President of the Board of Directors. Individuals should not feel obligated to report their complaints to their supervisor before bringing them to the individuals listed. In any event, all such complaints will be reported to the President of the Board of Directors.

3. Policy

VIMO strongly urges the prompt reporting of all incidents of discrimination, harassment, or retaliation, regardless of the offender's identity or position. Our policy is to investigate all such complaints thoroughly and promptly and to ensure that there is no retaliation against complainants or witnesses contacted in the course of investigations.

This policy will be posted in the VIMO Clinic at all times.

To the fullest extent practicable, VIMO will keep complaints and terms of their resolution *confidential*. If an investigation confirms that harassment has occurred, VIMO will take prompt and effective remedial action, up to and including termination of the offender's employment, as appropriate.

I have read and understand the Sexual Harassment Policy. I further understand that compliance with all provisions of the Policy is mandatory. I have received a copy of the policy for my records.

Employee/Volunteer Name (Please print) _____

Signature _____ Date _____



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HIPAA Confidentiality Agreement

Volunteers and students at the VIMO clinic will have access to confidential information, both written and oral, in the course of their responsibilities and time at the clinic. It is imperative that this information is not disclosed to any unauthorized individuals to maintain the integrity of patient information. An unauthorized individual would be any person that is not currently a volunteer or employee of VIMO directly involved with patient information. For maximum discretion, conversations should be kept at a low volume, doors must be closed when discussing sensitive information, and documents with visible patient information should be obstructed from view by unauthorized individuals.

By signing below, I affirm I have read and understand VIMO's position with regards to privacy and security of personal health information. Also, I agree to maintain confidentiality of all information obtained in the course of my time at the clinic including, but not limited to, medical and financial information of the organization as well as personal and sensitive information regarding patients. I understand that inappropriate disclosure or release of patient information is grounds for termination.

Signed:

Print Name:

Date:
