



Sacramento Native American Health Center, Inc.
2020 J Street, Sacramento, CA 95811
P: 916-341-0576 F: 916-341-0574
www.snahc.org

Intern/Extern/Volunteer File Checklist

Name _____ Date _____

- ☐ Volunteer/Intern/Extern Orientation Checklist
- ☐ Application*
- ☐ Copy of Driver's License*
- ☐ Confidentiality Information/Code of Ethics
- ☐ Alcohol/Drug Policy
- ☐ Notification of Mandated Reporter Responsibilities Acceptance Form
- ☐ HIPAA Privacy/Security Agreement
- ☐ Documentation of Indian Preference (*If applicable*)*
- ☐ CPR Certification (*Renew every two years if applicable*)*
- ☐ Professional License (*If applicable*)*
- ☐ SNAHC Health Policy for Patient Care Personnel
- ☐ Health Care Compliance Policy and Procedure (*If applicable*)
- ☐ TB Test (*updated annually*)*
- ☐ Hepatitis B Vaccination (*proof of vaccination or most recent titer*)*
- ☐ Occupation Exposure to Blood or Other Infectious Materials
- ☐ Hepatitis B Declination (*If applicable*)
- ☐ Permission to Obtain Information/Background Check*
- ☐ ID Policy
- ☐ Code of Conduct
- ☐ Nondisclosure Data Security Act
- ☐ Liability Waiver*
- ☐ Volunteer Handbook
- ☐ Proof of Blood Borne Pathogen Training (*If applicable*)
- ☐ Flu (*only 11/01-03/31*)*
- ☐ ISSA Training
- ☐ Consent to Use of Image

*Must be submitted with initial application to begin the process.

For your Information (Will be provided to you once you are approved for the program)

Parking Maps

Mission Statement

About Us

Healthy Living Policy

Frequently Used Acronyms and Terms

HR Only

- ☐ MOU (*If applicable*)
- ☐ Proof of Liability Insurance (if applicable)
- ☐ Computer Access
- ☐ Appointment Letter
- ☐ Safety Orientation



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Volunteer/Intern/Extern Application

Full Name _____ Date _____

Address _____

City _____ ST _____ ZIP _____ Email _____

Home Phone _____ Alt Phone _____

Social Security # _____ Driver's License _____ Exp. Date _____

Marital Status ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Unknown

Position or Department of Interest _____

Days ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Times ☐ 1-2 Hours ☐ 3-4 hours ☐ 4-6 Hours ☐ 6-8 Hours

Specific time: _____ to _____

Describe the reason you are interested in volunteer work with SNAHC

Experience _____

Skills _____

How did you learn about the Sacramento Native American Health Center, Inc.?

☐ School ☐ Family ☐ Friend ☐ Other _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: _____

Name_____ Date_____

List any additional information that you feel is important in considering you for volunteer services at SNAHC.

Government agencies at times require periodic reports on ethnicity, gender, handicap, veteran and other protected status of employees. Although submission of this information is voluntary, it is greatly appreciated for reporting purposes.

☐ Male

☐ Female

Birth date: _____

☐ White

☐ American Indian/Alaskan Native

☐ Vietnam Veteran

☐ Black

☐ Asian/Pacific Islander

☐ Disabled Veteran

☐ Hispanic

☐ Other

☐ Disabled Individual

Emergency Contact - Primary

Name_____

Relationship ☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other_____

Address_____ City_____ ST____ ZIP_____

Phone_____ ☐ Home ☐ Business ☐ Cell

Emergency Contact - Secondary

Name_____

Relationship ☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other_____

Address_____ City_____ ST____ ZIP_____

Phone_____ ☐ Home ☐ Business ☐ Cell

Physician Name_____ Phone_____

Medications:_____

(Please include non-prescription medications in addition to prescription medications)

Name_____ Date_____

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date

Signature of Parent/Guardian (if a minor)

Date

Due to the nature of this organization, Indian Preference will be exercised in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and 473). Applicants claiming Indian Preference must submit documentation certified by tribe of affiliation or other acceptable documentation of Indian heritage.



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Permission to Obtain Information

This document authorizes the Sacramento Native American Health Center, Inc. to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current volunteer/intern/extern or a candidate for a volunteer/intern/extern position.

This form may be given to agencies, employers and/or schools I have attended for authorization to release information on my employment, academic history or driving record to the Sacramento Native American Health Center, Inc. Volunteering at the Sacramento Native American Health Center, Inc. is contingent upon satisfactory references, criminal background check and driving record (where applicable).

By signing below, I grant permission to release information to the Sacramento Native American Health Center, Inc. relating to my work, academic experience, criminal background, and/or driving record. I further understand that this employer in its sole discretion and without liability to determine eligibility for initial or continued employment may use information obtained. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

First, Middle, Last Name (Please print)

Date of Birth

Social Security Number

Driver's License #

State of Issue

If name has changed (through marriage or otherwise), print former name(s) here

Signature

Date

Please provide current and any previous address/es during the past seven (7) years:

Current: _____

Previous
Address/es: _____



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Volunteer Agreement and Release of Liability

1. I, _____, agree to work for the Sacramento Native American Health Center, Inc.
(Name of volunteer)
as a volunteer on _____ on/from _____.
(Name of project/activity) (timeframe of project)
2. As a volunteer, I understand that I control the dates and times when I do the work and that the Sacramento Native Health Center, Inc. is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of _____

(Describe physical requirements, i.e.: standing, lifting and carrying up to 40 pounds).
and will require the exercise of reasonable care to avoid injury. I am voluntarily participation in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for the Sacramento Native American Health Center, Inc., I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue the Sacramento Native American Health Center, Inc. or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of the Sacramento Native American Health Center, Inc. as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE THE SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC. AND ITS OFFICERS, EMPLOYEES, AGENTS, AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY THE SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.'S WORKERS' COMPENSATION PROGRAM. I authorize the Sacramento Native American Health Center, Inc. to seek emergency medical treatment on my behalf in case of injury, accident, or illness to me arising from my involvement as a volunteer. I understand I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand that the materials and tools provided by the Sacramento Native American Health Center, Inc. are and remain the property of the Sacramento Native American Health Center, Inc., and I agree to return these tools and any remaining materials to the Sacramento Native American Health Center, Inc. at the end of my volunteer service.

7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREEE WILL.

Date Volunteer's Signature

Volunteer's Printed Name

Date Sacramento Native American Health Center, Inc. Representative's Signature

Sacramento Native American Health Center, Inc. Representative's Printed Name

If the volunteer is under 18 years of age, parent or guardian must read and sign the following:
This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date Parent or Guardian's Signature

Parent or Guardian's Printed Name