



Confidential Volunteer Application Rev 01/01/2008

ALL CENTER FOR HEALTH JUSTICE VOLUNTEERS MUST PROVIDE PROOF OF TUBERCULOSIS SCREENING YEARLY

DATE: _____

Sex: M F Transgender

Date of Birth _____

(*I.D. COPY YES *VCLA-COURT ONLY)

Name _____

Address _____

City, State _____ ZIP Code _____

Home Phone _____ Best Time to Call _____

Business Phone _____ Best Time to Call _____

Cell Phone _____ Best Time to Call _____

May We Send mail to the above address? Yes No

May we leave a message at either of the above phone numbers? Yes No

Email Address _____ May we send email at this address Yes No

By listing your e-mail address with Center For Health Justice (CHJ), you will be automatically be added to a database that will send you e-mail regarding issues of importance to the CHJ community. If you don't want to receive e-mail that will link you directly to CHJ, or if you are concerned about CHJ appearing in your e-mail history log at work, please DO NOT fill in the e-mail address line.

Emergency Contact _____ Relationship _____

Phone Number _____

Ethnicity:(optional) African American American Indian Asian/Pacific Islander Caucasian Latina/o Other

Do you consent to having your CHJ Volunteer Status Made Public? Yes No

Have you volunteered with CHJ before? Yes No

What did you do and when? _____

Why did you leave? _____

Are you a CHJ Client? Yes No

If yes, are you currently under a service agreement? (Please explain) _____

Briefly describe any other previous volunteer work:

Date(s):	Where?	What did you do?
_____	_____	_____
_____	_____	_____

Occupation _____ Employment status: Full time Part Time Retired

Employer: _____

Does your employer provide an employee matching incentive? _____

Highest Education level completed _____ Licenses or clinical certification? _____

Have you recently experienced a major life change(work, relationship, death of a loved one,etc?) _____

Are there any limitations or commitments that would restrict your work at, or prevent you from making a commitment to CHJ? _____

Other than English, what languages do you speak(Include ASL skills)

_____ Native Speaker 2nd Language Translator Teacher Interpreter

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For Office Use Only:	
Orientation Date:	Program Interest:
Start Date:	1.
TB Test: Yes No Driver's License: Yes No	2.
Intern: Yes No Start: End:	3.
Intern Supervisor:	4.
I.S Training needed? Yes No	I.S. Training Completed



Pledge of Confidentiality

I, *(please print)* _____, am volunteering my time to work for CHJ, I understand that in the course of my work for CHJ, I may learn certain facts about individuals being served by CHJ that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members, and the like. I understand that all such information must be treated as solely confidential. I may also learn facts about an individual's incarceration, alcohol and drug history, and in accordance with federal law this information must be kept confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with CHJ and authorized by CHJ to have such information.

I further agree to keep confidential all information I may learn about CHJ volunteers, paid staff, or individuals who make donations to CHJ.

Signature

Date



Volunteer Sexual Harassment Policy

Center For Health Justice (CHJ) is committed to providing a volunteer environment that is free from sexual harassment. In the fight against HIV Disease, CHJ deals with sex and sexuality. Our mission includes improving the lives of people affected by HIV disease, reducing the incidence of HIV infection and advocating for fair and effective HIV policy. We deal openly with subject matter that would not be discussed at most places of business. All volunteers of Center For Health Justice and members of the Board of Directors are protected from sexual harassment by CHJ employees and other volunteers while both are engaged in Center For Health Justice business or activity.

Sexual Harassment includes Quid Pro Quo sexual harassment and Hostile Environment sexual harassment. Quid Pro Quo sexual harassment includes: unwelcome sexual advances; requests for sexual favors; and other verbal, physical or visual conduct of a sexual nature. Hostile Environment sexual harassment includes: unwelcome sexual advances; requests for sexual favors; and other verbal, physical or visual conduct of a sexual nature and can occur through:

1. Verbal Conduct. Includes, but is not limited to: epithets, comments or slurs about an individual's body or dress; demeaning questions about his or her sexual activity; dirty jokes; and persistent requests for dates or to have sex.
2. Physical Conduct. Includes, but is not limited to: assault; impeding or blocking movement or any physical interference with normal work or movement; unwanted touching, hugging, rubbing against an individual's body, and fondling.
3. Visual Conduct. Includes, but is not limited to: use of hostile and offensive posters, cartoons, and magazines; and holding office parties with nude dancers.
4. Other Conduct. Repeatedly giving an individual unwanted flowers, gifts, notes, or letters: following the individual home or otherwise indicating an interest in the individual after he or she has indicated disinterest.

CHJ's policy applies to any registered volunteer who is representing CHJ, whether on agency premises or at another venue. For incidents in which the harasser is a volunteer with CHJ appropriate remedial action to be taken by CHJ may include but is not limited to termination of the harasser, relocation of the harasser, change of the harasser's work schedule, conditioning continued service by the volunteer on his or her attendance at trainings(s) on sexual harassment. Any volunteer who believes there has been a violation of the Sexual Harassment Policy has the right and the responsibility to report the perceived violation as soon as possible to their volunteer manager and/or the basis and in a confidential manner. Each complaint will be fully investigated and reported back in a timely manner.

Volunteer Statement:

I have read the above summary of CHJ's Sexual Harassment Policy and I agree to abide by CHJ's policy.

Print Name _____

Signed _____ Date _____



VOLUNTEER TUBERCULOSIS SCREENING POLICY

Volunteers must provide documentation once a year if tested by the tuberculin skin test or once every two years if tested by a chest X-Ray. This documentation is a requirement of our grants at Center For Health Justice.

Center For Health Justice will provide an annual TB screening for its volunteers at no cost. LA County public health nurses or volunteer registered nurses will conduct testing. They will provide pre and posttest counseling and will conduct the tests and handle the results in a manner that ensures sensitivity and confidentiality. Volunteers will be expected to provide documentation of the results to the Volunteer Coordinator. A skin test showing an in duration (i.e. a lumpy swelling beneath the skin, also known as a positive reaction) will require a follow-up chest X-Ray. The volunteer must incur the cost of the chest X-Ray. If volunteers have tested positive in the past they are required to obtain a chest X-Ray to be tested for Tuberculosis. These volunteers must have a chest X-Ray every two years to be in compliance with the CHJ Tuberculosis Screening Policy. The results must be provided to the Volunteer Coordinator within four weeks of the screening period.

Volunteers are expected to attend the screening sessions provided by Center For Health Justice or receive the screening elsewhere within four weeks of the designated screening dates. Volunteer Resources will provide alternate low cost site information or volunteers may see their own physician to obtain the screening. Failure to provide documentation of results within four weeks of the final testing date may result in suspension of the volunteer until documentation is provided.

Group Volunteers, Community Service Volunteers (Court Ordered), and Volunteers that only serve one day or less per week will not be required to adhere to this policy.

Post Test Support

The LA County public health nurses and volunteer registered nurses are trained to offer posttest counseling for volunteers that show an in duration (i.e. a lumpy swelling beneath the skin, also known as a positive reaction).

ACTIVE TB

In the event that a volunteer is found to have active TB, they may be required to stop volunteering for a period of time if they are infectious, usually two to three weeks.

**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
TUBERCULOSIS CONTROL PROGRAM**

Public Health Centers Offering TB Testing and Treatment Services

(PRIOR TO VISITING THE HEALTH CENTER PLEASE PHONE TO CONFIRM DAY, HOURS, FEE IF ANY)

<i>HEALTH CENTER</i>	<i>DAYS & HOURS OF OPERATION</i>
CENTRAL 241 North Figueroa Street Los Angeles, Ca. 90012 213 - 240 - 8204	Monday through Friday: 8:00 am - 11:00 am & 12:30 pm - 4:00 pm
GLENDALE 501 North Glendale Avenue Glendale, Ca. 91206 818 - 500 - 5760	Monday: 8:00 am - 11:00 am Tuesday: 12:30 pm - 5:00 pm Thursday: 12:30 pm - 4:00 pm
HOLLYWOOD-WILSHIRE 5205 Melrose Avenue Los Angeles, Ca. 90038 323 - 769 - 7873	Monday, Tuesday, & Wednesday: 8:00 am - 11:30 am Thursday: 8:00 am - 11:30 a.m. & 12:30 pm - 4:00 pm Friday: 12:30 pm - 4:00 pm
MONROVIA 330 Maple Avenue Monrovia, Ca. 91016 626 - 256 - 1600	Monday, Tuesday, Thursday, & Friday: 8:00 am - 10:00 am & 12:30 pm - 3:00 pm Wednesday: 10:00 am - 1:00 pm & 2:30 pm - 5:00 pm
PACOIMA 13300 Van Nuys Blvd. Pacoima, Ca. 91331 818 - 896 - 1903	Monday through Friday: 8:00 am - 11:00 am & 12:30 pm - 3:30 pm
SOUTH 1552 East 102 nd Street Los Angeles, Ca. 90002 323 - 563 - 4053	Monday through Thursday: 8:00 am - 12:00 pm & 1:00 pm - 4:00 pm Friday: 8:00 am - 12:00 pm
CURTIS TUCKER 123 West Manchester Blvd. Inglewood, Ca. 90301 310 - 419 - 5325	Monday: 8:00 am - 11:30 am & 12:30 pm - 4:30 pm Tuesday: 12:30 pm - 4:30 pm Wednesday: 2:30 pm - 6:30 pm Thursday: 12:30 pm - 4:30 pm
POMONA 750 South Park Avenue Pomona, Ca. 91766 909 - 868 - 0235	Monday, Tuesday, Wednesday, & Friday: 8:00 am - 11:30 am & 12:30 pm - 3:30 pm Thursday: 9 am - 11:30 am & 12:30 pm - 3:30 pm
WHITTIER 7643 South Painter Avenue Whittier, Ca. 90602 562 - 464 - 5350	Monday through Friday: 8 am - 11 am & 12:30 pm - 3:30 pm
TORRANCE 711 Del Amo Blvd. Torrance, Ca. 90502 310 - 354 - 2300	Monday, Tuesday, Wednesday & Friday: 8:00 am - 11:00 am and 12:30 pm - 3:30 pm Thursday: 12:30 pm - 3:30 pm
ANTELOPE VALLEY 335-B East Avenue K-6 Lancaster, Ca. 93537 661 - 723 - 4526	Monday through Friday: 8:00 am - 11:00 am and 12:30 pm - 4:00 pm Clinic on Thursday 12:30 pm - 3:30 pm