

ECE VOLUNTEER SERVICE WELCOME PACKET

Skyline College
 College of San Mateo
 Cañada College

Volunteer Name		Div/Dept	
Div / Dept Supervisor Name		Supervisor Tel #	
Employee Home Address		Home Phone #	
City, State, Zip		E-mail	

In case of emergency, please notify:
Complete by Order of Contact / Two Emergency Contacts is Preferred.

#1 Emergency Contact		#2 Emergency Contact	
Name		Name	
Relationship to Employee		Relationship to Employee	
Day Phone #		Day Phone #	
Mobile Phone #		Mobile Phone #	
Home Address City / State / Zip		Home Address City / State / Zip	
Email		Email	

I will volunteer in this division / department beginning on (date) _____ and ending on (date) _____.

I understand that it is my responsibility to update the information included in this form. I understand that I may submit a claim for District Worker’s Compensation benefits should any injury/illness occur while performing this volunteer work.

VOLUNTEER SIGNATURE: _____ **DATE:** _____

DIV / DEPT SUPERVISOR SIGNATURE: _____ **DATE:** _____

A volunteer assisting in the health center, working with minors, cash-handling or in an assignment for one semester or more will be required to be fingerprinted prior to the start of their volunteer assignment. Anyone working in the health services, or with minors is required to have a tuberculosis exam and immunizations prior to the start of placement.

Items Included in this Packet:

- Page 2** Volunteer Services Confidentiality Contract
 - Page 3** Volunteer Work Log
 - Page 4-5** New Hire Workers’ Compensation Pre-designated Personal Physician Form
 - Page 6** Fingerprinting Procedures
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- ECE Volunteer Service Welcome Packet

VOLUNTEER 'UGTXÆGU "''''''''CONFIDENTIALITY CONTRACT

Confidentiality Contract

Volunteers who are providing service in the SMCCCD and its colleges work in programs and offices that contain confidential records and information. Volunteers are not to seek or use any such information other than that which is necessary to fulfill their assigned duties.

Volunteers must not divulge or otherwise release confidential records or information in written or verbal form to anyone except the person of record, as positively identified with an official government issued picture identification, e.g., DMV issued identification or driver’s license, passport. Volunteers should request the assistance of a college staff member before releasing any confidential records or information.

Confidential records or information may be released to appropriate requesting agencies or individuals only after approval from an authorized staff member has been given.

I understand misuse confidential information and records will result in service separation. Additionally, I fully understand that if I divulge or misuse confidential information, my volunteer services will be discontinued and I may be liable to civil and criminal prosecution pursuant to federal and state laws and regulations.

Volunteer Name

Volunteer Signature

Date



Instructor Name

Authorized Signature

Date

NEW HIRE WORKERS' COMP PAMPHLET

WORKER'S COMP COVERAGE

You may be entitled to workers' compensation benefits if you are injured or become ill due to your employment with SMCCCD. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over).

BENEFITS

Workers' compensation benefits include: Medical care, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits.

MEDICAL CARE

You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries. There is a limit on some medical services. SMCCCD is required to provide you with a claim form within one (1) business day of learning about your injury. It is extremely important that you complete the "Employee" section of the claim form as SMCCCD is required to authorize medical care within one (1) working day after you file the form. If additional care is necessary after the initial treatment, Sedgwick CMS may authorize care that is appropriate for your injury, including the referral to a specialist. SMCCCD has [designated facilities](#) near the work premises to treat injuries/illnesses that occur out of your employment with SMCCCD where medical treatment will be provided.

YOUR PRIMARY TREATING PHYSICIAN (PTP)

This is the physician with the overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy can be designated as personal physicians. You may request to

change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness to Sedgwick CMS. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If you name your [personal physician](#) before your injury, you may be treated by him or her for work related injuries/illnesses. Otherwise, SMCCCD has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a physician of your choice after 30 days.

YOUR PERSONAL PHYSICIAN CARE

You may be treated by your personal physician if you notify SMCCCD prior to your injury. A personal physician includes a medical group of licensed doctors of medicine or osteopathy. Please have your physician complete a [pre-designate personal physician form](#) available at our District Portal website: <http://smccd.edu/portal>. The following requirements must be met:

1. Your personal physician must agree in advance to treat you for any work injuries or illnesses.
2. Your personal physician must be your regular physician (general/family practitioner, board certified internist, board certified pediatrician, board certified obstetrician/gynecologist).
3. Your physician has previously directed your medical treatment and retains your records, including your medical history.

EMERGENCY MEDICAL CARE

If you need emergency care, call 911 immediately for the hospital, ambulance, fire department or police department. You may also contact our [college nurse or our campus college safety department](#).

FIRST AID

If you need [first aid treatment](#), contact your college nurse or Human Resources. An [incident report form](#) needs to be completed by the employee and supervisor for an acknowledgment that an incident has occurred where no medical care beyond first aid is needed and no loss time has occurred.

REPORT YOUR INJURY

Report a work related injury or illness immediately to your supervisor/administrator or Human Resources at (650) 358-6724. You may download the [new hire injury/illness reporting packet](#) from our District portal website.

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. SMCCCD is required to provide you with a claim form within one working day after learning about your injury. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$ 10,000) within one working day after you file a claim form. If your claim is denied, you have the right to appeal the decision within one year of the date of injury.

TEMPORARY DISABILITY BENEFITS (TD)

You may be entitled to payments if you lose wages while recovering. Your temporary disability rate is calculated by multiplying your average weekly wage by two thirds. The first 3 days of disability are not payable under California law unless there is hospitalization at the time of injury or the disability exceeds 14 days. If your physician returns you to work on a modified basis, you may be entitled to wage loss. This is generally calculated by multiplying the difference between your average weekly wage and your earnings during modified duties times two thirds. This is subject to the benefit minimums and maximums set by the California Legislature. Temporary disability benefits are payable within 14 days of the date of injury or knowledge of the injury. Subsequent payments are due every 14 days. For injuries occurring on or after 1/1/08, no more than 104 weeks of temporary disability are payable within 5 years from the date of injury. For longer term conditions (hepatitis B & C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, and chronic lung disease) no more than 240 weeks within five years from the date of injury are payable. You may be eligible for state disability benefits from the Employment Development Department (EDD) if TD benefits are stopped, delayed, or denied. There are time limits so contact EDD for more information.

PERMANENT DISABILITY BENEFITS (PD)

You may be entitled to payments if your physician says your injury has limited your ability to work. The permanent disability rate is calculated by multiplying your average weekly wage by two thirds, subject to statutory minimums and maximums. The amount of permanent disability or impairment may depend on your doctor's opinion, as well as your age, occupation type of injury and date of injury. If you have permanent disability or your claims examiner suspects you have permanent disability, a letter will be sent to you explaining your benefits, including the estimate or total value of permanent disability, weekly payment amount, how the benefit was calculated, and all of your related rights under the California Labor Code, including your right to object to the report upon which the determination is being based. Permanent Disability benefits are payable within 14 days of the last payment of temporary disability benefits or after your physician indicates there is permanent disability. The benefit is payable every fourteen days.

SUPPLEMENTAL JOB DISPLACEMENT BENEFITS

A non-transferable voucher payable to a state approved school if you are injured on or after 1/1/04, the injury results in a permanent disability, you don't return to work within 60 days after TD ends, and your employer does not offer modified or alternative work. Within 30 days after TD benefits end, your claims examiner will send you a letter outlining whether your employer has a modified job or alternate work available for you and an explanation of your potential rights to a supplemental job displacement benefit. If your employer does not return you to work within 60 days and you have permanent disability, you may choose to receive a nontransferable voucher to use at a state accredited school for education-related retraining or skill replacement. If you qualify for the supplemental job displacement benefit, your claims examiner will provide vouchers up to the maximum established by state law:

1. Up to \$4000 for permanent disability awards of more than 0 but less than 15 percent
2. Up to \$6000 for permanent disability awards between 15 percent and 25 percent
3. Up to \$8000 for permanent disability awards between 26 percent and 49 percent
4. Up to \$10,000 for permanent disability awards between 50 percent and 99 percent.

DEATH BENEFITS

Death benefits are paid to dependents of a worker who dies from a work-related injury or illness. The benefit is calculated and paid in the same manner as temporary disability. This benefit is paid at a minimum rate of \$224 per week. The death benefit rates are set by state law and the amount depends upon the number of dependents. If dependent minor children are involved, death benefits are payable at least until the youngest child reaches majority age. Burial expenses are also provided under this benefit.

AVAILABLE FORMS

Forms are available through our District Portal Web Site at: <http://www.smccd.edu/portal> click downloads, human resources folder, worker's compensation folder. You will find our designated facility panel listing for medical care. You will also find the pre-designated personal physician form to designate prior to your injury/illness at any time throughout your employment with SMCCCD. You may also find the worker's compensation new injury reporting packet. The packet provides forms to be completed by the injurer, your supervisor and information sheets related to benefits that you may be eligible.

For [District Vehicle accidents Reporting](#), please complete additional forms.

Please visit [Frequently Asked Questions](#) regarding Worker's Compensation.

CLAIMS ADMINISTRATOR

Sedgwick Claims Management Services, MCU WC

P.O. Box 14479, Lexington, KY 40512-4479

Telephone: (877) 809-9478

You may contact an information and assistance officer at the State Division of Workers' Compensation, toll free (800) 736-7401, visit <http://www.dir.ca.gov>, San Francisco Office (415) 703-5020 San Jose Office (408) 277-1292.

EMPLOYER DISPUTES YOUR INJURY

State law requires employers to authorize medical care within one working day of receiving a DWC 1 claim form. Your employer may be liable for as much as \$10,000 in medical care until your claim is accepted or denied.

ECE Volunteer Service Welcome Packet

QUESTIONS

If you have questions, you may contact Human Resources at (650) 358-6724.

You may consult an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120.

DISCRIMINATION

It is illegal for SMCCCD to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case.

If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

FALSE CLAIMS AND FALSE DENIALS

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned. (Insurance Code 1871.4)

SMCCCD may not be liable for the payment of workers' compensation benefits for any injury/illness that arises from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work-related duties.

Rev. 2/14

San Mateo County Community College District

workers' compensation: Pre-Designation of Personal Physician

While volunteering you have the right to be treated immediately by your personal physician (M.D., D.O) if you notify the District, in writing, prior to the injury. Per Labor Code 4600 to qualify as the your predesignated, personal physician, the physician must agree, in writing, to treat you for a work related injury, must have previously directed your medical care and must retain your medical history and records. Your predesignated physician must be a general practitioner, family practitioner, board certified or board eligible internist, pediatrician or obstetrician-gynecologist.

This is an optional form that can be used to notify the District of your personal physician. You may choose to use another form, as long as you notify the District in writing prior to being injured on the job and provide written verification that your personal physician meets the above requirements and agrees to be predesignated. Otherwise, you will be treated by one of the District's designated worker's compensation medical providers.

VOLUNTEER NAME: _____

I acknowledge receipt of this form and elect not to predesignate my personal physician at this time. I understand that I will receive medical treatment from the District's designated worker's compensation medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an injury/illness.

Volunteer Signature: _____ Date: _____

If I am injured while volunteering, I wish to be treated by my personal physician*:

Name of Physician _____ Phone Number _____

Physician Address _____

*This physician is my personal physician who has previously directed my medical care and retains my medical history and records.

Volunteer Signature: _____ Date: _____

A Personal Physician must be willing to be predesignated and treat you for a worker's compensation injury. The remainder of this form is to be completed by your physician and returned to the District.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other written documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN NAME: _____

- I agree to treat the above named **student** in the event of an industrial accident or injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.
- I do not agree to treat the above **student** if she/he has an accident or injury during volunteer assignment.
- I do not qualify as the **student's** personal physician. I am not an M.D. or D.O. or do not meet the criteria outlined above.

Physician Signature

Date

Please return completed form to:

Human Resources, SMCCCD, 3401 CSM Dr., San Mateo, CA 94402 Fax: (650) 574-6574

FINGERPRINTING INFORMATION AND PROCEDURES

Pursuant to the California Education Code, District Rules and Regulations, and applicable laws, employees of the San Mateo County Community College District are required to be fingerprinted. Please complete your fingerprinting prior to your first day of employment.

- All permanent employees (whether full time or part time), adjunct faculty, and assistant coaches
- All employees who will be working with money, minors, or health services (regardless of the duration of the employment, or whether it is full time or part time)
- All employees, including short term employees, students and volunteers, who will be working for a semester or longer

Fingerprinting for new District employees can be completed at any of our Bookstore locations:

College of San Mateo
Campus Copy and Post
Building 10 - Room 190
1700 W. Hillsdale Blvd
San Mateo, CA 94402

Skyline College
Graphics Arts & Production
Building 19
3300 College Drive
San Bruno, CA 94066

Cañada College
Bookstore
Building 2
4200 Farm Hill Blvd
Redwood City, CA 94061

Appointments can be made at: <http://smccd.edu/livescan/>

You are required to bring the following items with you to your fingerprint appointment:

1. **A non-expired U.S. Driver's License or DMV issued ID Card**
[Please see alternate identifications](#)
2. **A Completed Livescan Request form**

NOTE: International students can wait until they receive their first pay check to be fingerprinted so that they can use their foreign passport and pay stub for identification.

If you have any questions, please contact the Bookstore staff at each campus:

- CSM (650-574-6367) csmbookstore@smccd.edu
- Skyline (650-738-7014) skylinebookstore@smccd.edu
- Cañada (650-306-3313) canadabookstore@smccd.edu

Your fingerprints will be processed in approximately one to three (3) business days, and the results will be reported to the Vice Chancellor, Human Resources and General Counsel.

Previous convictions are reviewed carefully as to type of violation, regency, severity and relevance to the type of work for which you are being hired. Criminal record information is processed in strictest confidence and pursuant to regulations of the State of California Department of Justice, Bureau of Criminal Identification and Information, California Education Code and SMCCCD Rules and Regulations.

No person, who has been convicted of any sex offense as defined by the California Education Code or convicted of a controlled substance offense, shall be employed or retained in employment by a California community college district.

IMMUNIZATION REQUIREMENTS

New immunization requirements effective September 1, 2016

On October 11, 2015 the bill requiring mandatory vaccination for teachers at a child care facility, SB792, was passed and will go into effect September 1, 2016. Anyone working or observing in a licensed program with children from ages birth to 5 years old will need to comply by September 1, 2016. Verification of these vaccinations must be provided:

- Influenza (each year between August 1 and December 1)
- Pertussis (this is typically part of the tetanus shot you get every 10 years -TDAP)
- Measles (MMR immunization)
- Proof of negative TB test in the last year

Exemptions are as follows (however note that, even with an exemption, it is possible you will not be allowed to observe in some sites):

- Employee submits a written statement from a licensed physician declaring that because of the person's physical condition or medical circumstances, immunization is not safe.
- Employee submits a written statement from a licensed physician providing that the person has evidence of current immunity to the disease. (The antibody titer is a test that detects the presence and measures the amount of antibodies within a person's blood ex: if you had measles when you were young this test will show you have immunity and do not need to be vaccinated.)
- Employee submits a written declaration that he or she has declined the influenza vaccination. This exemption applies only to the influenza vaccine.

If you would like to read in detail about the bill that was passed here is a link to it: <https://legiscan.com/CA/text/SB792/2015>

***Note that this is in addition to the existing requirement that all students have a negative TB test dated within the last year.

How will ECE students comply with these regulations when doing lab hours for their classes?

1. It will be the student's responsibility to ensure they have the proof of immunization required. You must have this with you before your begin working with children.
2. Ways to document:
 - a. If you have your childhood immunization records: Bring your immunization record from your doctor showing that you have had the MMR immunization as a child and that you had the TDAP within the last 10 years.
 - b. If you have health insurance but don't have your childhood immunization card: Get a blood titer to see if you have immunities from measles. If not, get the MMR shot. If you do not have verification of a TDAP in the past 10 years, get another one. It will not harm you to get these again. If you have not had a TB test in the last year, get one from your doctor (or the health center if you live near the campus). Walk in clinics also take many health insurance plans.

Health Referral Line in San Mateo County a (650) 573-2877 - low cost resource for the required vaccines for students.

Cañada College Health Center

Bldg. 5 Room 303

(650) 306-3309

Sharon Bartels: bartels@smccd.edu

Hours: M-Th 9:00-3:00 PM, Closed Fridays

Skyline College Health Center

Bldg. 2 Room 209

(650) 738-4270

skyhealth@smccd.edu

Hours: TBD

Please be sure to take care of this right away – well before your first placement. If you are turned away at your placement site because you have not yet complied, you will not be given extra time on your assignments.