



Volunteer Services Coordinators

Jacqueline Ebule
 MHSA Administration
 2085 Rustin Ave
 Riverside, CA 92507
 Office: 951-955-7118
 Fax: 951-955-7205
JAEbule@rcmhd.org

Luz Negron
 Children Services & Parent
 Support and Training Program
 3125 Myers Street 2nd Floor
 Riverside, CA 92503
 (951) 358-6858
LMNegron@rcmhd.org

Volunteer Application and Personal History Statement

VOLUNTEER APPLICATION FOR:

Family Advocate Program	<input type="checkbox"/>
Cultural Competency Program	<input type="checkbox"/>
Children's Services and Parent Support & Training Program	<input type="checkbox"/>
Student/Internship (GIFT Program)	<input type="checkbox"/>
Peer Support Specialist Program	<input type="checkbox"/>
Behavioral Health Commission	<input type="checkbox"/>
Clinic Volunteer/Other	<input type="checkbox"/>

CONTACT INFORMATION

Date:	Referred by:
Last Name:	First Name:
Address:	City:
State:	Zip Code:
Birth Date:	Days Available:
Home Phone:	Cell Phone:
Email:	Alternate Email:

Please take a minute to describe your ideal volunteer opportunity.

What is your purpose for volunteering? Why are you volunteering?

To help us match your skills with your volunteer assignment, please check those skills you have acquired through work and volunteer experiences.

Skills	(√)	Skills	(√)	Skills	(√)
OFFICE SKILLS		Person to Person Skills		SOFTWARE PROGRAMS	
Clerical / Receptionist	<input type="checkbox"/>	Documenting interactions	<input type="checkbox"/>	E-mail/Outlook	<input type="checkbox"/>
Compose Letters/Memos	<input type="checkbox"/>	Group Facilitation	<input type="checkbox"/>	Windows	<input type="checkbox"/>
Mail Merge	<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	MS Word	<input type="checkbox"/>
General Office	<input type="checkbox"/>	Peer Counseling	<input type="checkbox"/>	Power Point	<input type="checkbox"/>
Reports	<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Access	<input type="checkbox"/>
Statistical	<input type="checkbox"/>	Welcoming	<input type="checkbox"/>	Publisher	<input type="checkbox"/>
Accounting	<input type="checkbox"/>	Engagement	<input type="checkbox"/>	Excel	<input type="checkbox"/>
Filing (Alpha/Numeric)	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Internet	<input type="checkbox"/>
Copier/Scanner/Fax	<input type="checkbox"/>	Resource Linkage	<input type="checkbox"/>	TELEPHONE	
Typing Speed: wpm		Public Speaking	<input type="checkbox"/>	# of Phone lines:	<input type="checkbox"/>
TRANSCRIPTION		SECOND LANGUAGE/s		Volume of calls (circle one)	
Medical	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Heavy Medium Light	
Legal	<input type="checkbox"/>	Other:			<input type="checkbox"/>
Meeting Minutes	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Hobbies and Talents			
Please list all certificates, awards, licenses and professional designations you have that indicates your particular area of expertise or training relative to volunteer services.			
Name of Certificate	Issuing Agency	Certificate Number	Date

EDUCATIONAL BACKGROUND	
School:	Graduated: Year:
City:	State:
College or University:	Major:
Degree:	Year:
Graduate School:	Major:
Degree:	Year:

The following questions only apply to Applicants whose volunteer service requires driving.
(Please complete the **Authorization to Drive Form 30** and provide a copy of valid license & insurance.)

DRIVING INFORMATION			
Driver License No.	State	Class	Expiration Date
Has your driver license ever been suspended or revoked?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you minimally covered with auto liability insurance as required by the State of California?			Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICAL INSURANCE INFORMATION		
Do you currently have a medical insurance? If "Yes" please provide the following:		Yes <input type="checkbox"/>
		No <input type="checkbox"/>
Carrier	Policy Number	Coverage Period

By my signature below, I declare that all information provided on this document submitted to the Riverside County Department of Mental Health is true, accurate and complete. I understand that falsification of information is grounds for disqualification. I authorize the County and any of its agents to verify any information on this application and authorize the release of any such information. I release the County from any liability from seeking such information.

Signature:	Date:
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Minor Applicants receiving a Live Scan will be accompanied with/by parent/guardian permission.

OFFICE USE ONLY		
Date Cleared:	TB Test Results	Date of Enrollment:
Name of Supervisor:	Date of Termination:	
Name of Site/Location:		
Notes:		

Parent/guardian of minor/s will have to sign a parent consent form (Parent Permission Form)



RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

Jerry A. Wengerd, Director

Liability Information

Ordinance 440. Section 11- F County Insurance

Such liability insurance as the county may carry shall be excess insurance over any other valid and collectable insurance, including that provided by the volunteer. Volunteers are not covered by workers compensation insurance.

The County of Riverside provides liability insurance while in the course and scope of the volunteer's activity/responsibility except but not limited to the following.

- Willful, wanton acts.
- Abuse, sexual abuse, assault and battery
- Acts/activities not within the course and scope of the volunteer's activities/responsibilities

COUNTY OF RIVERSIDE POLICIES

I understand that as a volunteer for the County of Riverside, I will not accept gifts, services or any type of compensation from those I serve as a result of the performance of my duties as a volunteer.

I understand that volunteers are to park their private vehicles in the Public Parking areas at the County Facilities. The County of Riverside is not responsible for the payment of fines resulting from parking in area's designated for County employees.

I acknowledge that I have read and have been made aware of the Policies and Liability information for the County of Riverside as it stands. If you have any further questions regarding Volunteer Insurance I may contact Risk Management Division @ (951)955-3540 or the Department Volunteer Coordinator.

Volunteer Signature

Date

Volunteer Coordinator or Designee

Date

Exclusions to Excess Automobile Liability Insurance:

Contact Risk Management for a complete listing of the exclusions.

IV. Commonly asked questions:

- My personal vehicle was damaged in an accident while I was volunteering; will the County cover the deductible for the repairs?

No. The coverage is for liability claims only. There is no coverage for physical damage to the volunteer's car.

- Medicare says that my insurance should pay first. What should I do?

We can help! The coverage is specifically in excess over your own medical insurance, Medicare or otherwise. Call Risk Management at 909-955-3540 and we will assist you.

- I see that the policy provides excess protection if the volunteer causes bodily injury or property damage to someone else. What if there is an allegation of sexual misconduct or sexual abuse?

The policy does not provide protection in the event of a criminal proceeding, but it may provide protection in the event of a civil proceeding. As an example, the volunteer would be entitled to a defense against an allegation of sexual abuse or sexual misconduct under the personal liability policy. **However, the policy would not defend or indemnify the volunteer if he/she admitted wrongdoing, or if the allegations against the volunteer are proven true.**

- How do we file a claim?

For any type of claim, the volunteer first needs to report the incident to the department's volunteer coordinator. An accident "proof of loss" claim form must be submitted. Both the volunteer and the coordinator must complete the form and fax it to Risk Management. The department must keep a copy for its records and provide a copy to the volunteer. The volunteer must submit all bills to his/her own existing insurance first. Once you have a copy of the existing insurance "Explanation of Benefits" form(s), send it/them to Risk Management at the address shown on this brochure, along with a copy of the "proof of loss" form.

For a claim against the volunteer alleging that he/she caused bodily injury or property damage while volunteering, the volunteer should contact the department's volunteer coordinator immediately. Provide Risk Management with as much detail as possible regarding the incident and **obtain copies of any police reports**. The department will obtain a signed statement from the volunteer indicating that he/she was volunteering on behalf of the County of Riverside at the time of the incident.

Further questions?

Risk Management has copies of the policies along with additional information concerning the extent and the limitations of these policies.

Contact Risk Management at (909) 955-3540 for this information.



Risk Management Division

P.O. Box 1210

Riverside, CA 92502

PH: (951) 955-3540 • FAX: (951) 955-5855

Volunteer Insurance Program

COUNTY OF RIVERSIDE VOLUNTEER INSURANCE PROGRAM

It doesn't happen often, but when it does, the results can be serious...a volunteer is injured, or injures someone else, while performing his or her volunteer duties. Sometimes, the volunteer's own personal insurance is not enough to take care of the damage. The County of Riverside now offers three kinds of **Excess** Volunteer Insurance Coverage for all County departments that utilize volunteers.

SUMMARY OF COVERAGES

I. Excess Accident Medical Coverage

This coverage is in excess of Medicare, Medicaid and any other personal or group insurance that the volunteer has in place. The excess accident medical coverage will pay up to \$25,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. The insurance applies while the volunteer is traveling directly to and from, and while they are participating in, volunteer-related activities. **Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period up to the maximum following the accident.**

Other than X-rays, dental care is covered up to \$500 per tooth for accidental injury to teeth and/or repair of dentures. Maximum benefit is \$900 per accident. This coverage also

provides up to \$50 annually for repair or replacement of eyeglass frames and up to \$50 annually for repair or replacement of eyeglass prescription lenses damaged as a result of a covered accident. The maximum payment under this coverage, including dental and eyeglass expenses, is \$25,000 for 1 year.

This insurance does not duplicate benefits payable under Medicare or any other valid and collectible insurance coverage.

Accidental Death and Dismemberment Coverage:

In addition to the accident medical coverage, the insurance company will pay benefits for death or loss of limb or sight, occurring within one year as a result of a covered accident.

Exclusions to Accident Insurance:

Contact Risk Management for a complete listing of the exclusions.

II. Excess Volunteer Liability Insurance

All enrolled County volunteers (collectively) of the County are provided with Excess Volunteer Liability insurance to a limit of \$1,000,000 per occurrence (subject to an annual aggregate). This policy provides protection if the volunteer is liable for bodily injury or property damage arising out of the performance of his or her duties while at or on behalf of the County. **This coverage is in excess**

of and Noncontributing with any other valid and collectible insurance the volunteer may have.

III. Excess Automobile Liability Insurance

This coverage provides an extra layer of protection for the enrolled County volunteer who is required to drive to perform his/her duties. This insurance applies only after a volunteer's own personal insurance is exhausted, **or the policy's retention has been exceeded.** Volunteers are protected for bodily injury or property damage claims arising out of their activities, (including driving directly between their home and the volunteer location.)

The liability policy is written on a combined single limit (including both bodily injury and property damage) of \$500,000 each accident. This insurance is in **excess** of the greater of:

- A. \$50,000 each accident,
- B. an amount equal to the applicable limits of liability of any other collectible insurance; or
- C. an amount equal to the minimum limit of liability required under the motor vehicle financial responsibilities laws of the state of California.

It is important to remember that you as a volunteer must maintain your own auto liability coverage at least equal to the state-required minimums. Also, please remember that this coverage does not apply to any physical damage to your vehicle.



RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

Jerry A. Wengerd, Director

Mental Health Department
2085 Rustin Ave., Riverside, CA 92507
(951) 955-7118

AGREEMENT OF CONFIDENTIALITY FOR VISITOR(S) VOLUNTEER(S)

All volunteers and/or visitors are required to abide by section No. 5328 of the California Welfare and Institution Code, and by Department policy to sign after acknowledgement of the following:

As a condition of working with Mental Health documents and/or being involved with persons who are receiving services from the Riverside County Department of Mental Health or as a visitor; I agree not to divulge to unauthorized persons, any information obtained in the course of such involvement, and not to publish or otherwise make public any identifiable information regarding such persons.

I recognize that the unauthorized release of confidential information may be subject to a civil action under provisions of the welfare and institution code.

Volunteer Name – Please Print

Volunteer Signature

Date

Volunteer Coordinator Signature

Date



Mental Health Department
2085 Rustin Ave., Riverside, CA 92507
(951) 955-7118

Emergency & Medical Information

Program/Clinic:		Immediate Supervisor:	
Last Name:	First Name:	Middle:	
Home Address:			
City:	State:	Zip code:	
Home #:	Cell #:	Fax:	

EMERGENCY CONTACT(S)

1. Name:		
Relationship:	Contact #:	Alternate #:
2. Name:		
Relationship:	Contact #:	Alternate #:

Please understand this form is for your protection and will assist us in an attempt to prevent any problems from lack of awareness. In no way will this prevent your participation in the volunteer program. This information will be kept confidential.

Do you suffer from any of the following?	YES	NO
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any of the following allergies?	YES	NO
Sun	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Bee Sting	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

If in an emergency, my emergency contact cannot be reached, I authorize the appropriate person in charge to have me transported to the nearest hospital for emergency care.

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Please Sign:	Date:
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Volunteers submit this form and direct any questions they may have about volunteering to the volunteer coordinator/program manager of the County Department/Agency in which they wish to volunteer. Volunteers may contact the Human Resources Department with questions about the Volunteer Insurance Program.

Department Instructions - The County Department/Agency must provide the Volunteer a copy of the [Volunteer Insurance Program brochure](#). Once the Department and the Volunteer complete their respective sections of this form, the Department forwards a copy to the Human Resources Department's Talent Management Division, Mail Stop #1081. The Department also attaches a copy of the Volunteer's Volunteer Application. Incomplete forms will be returned to the Department's Volunteer Coordinator/Program Manager. Departments with questions about this form may contact William Marin at Talent Management at 951-955-3549 or at Volunteer@rc-hr.com or see [Workforce Exchange](#).

SECTION 1 - COUNTY DEPARTMENT INFORMATION (The County department completes this section.)

County Department Name:	Department Division/Office/Program:	Date:
Volunteer's Name:	Volunteer Assignment Title or Description:	
Volunteer Coordinator/Program Manager's Name:	Coordinator/Manager's Phone:	Mail Stop #:

SECTION 2 - VOLUNTEER ACKNOWLEDGMENT (The Volunteer completes and signs this section.)

As a volunteer, I acknowledge, understand and agree to the following:

- A "volunteer" means a person who performs authorized voluntary service to County of Riverside, or a department, institution or agency thereof, without pay, for the benefit of the County and in aid of a recognized County purpose. A volunteer is not an employee and may be released at any time, without cause or reason, and without right of appeal.
- I may not volunteer while my ability to perform my duties is impaired due to alcohol or drug use. I may not use or possess controlled substances at any time or use alcohol while on duty or on County property. If taking medication which may affect my performance of duties, I must report this to the County department/agency's volunteer coordinator/program manager before beginning my assignment.
- I will not disclose at any time confidential information to which I have access during my assignment as a volunteer with the County of Riverside. This information includes, but is not limited to, medical records or files, vital records, and statistics. I will also strictly protect the confidentiality of all County employee/personnel information to which I have access. I am required by State and/or Federal law to maintain confidentiality and that failure to uphold this requirement may result in immediate release.
- In the event of a volunteer assignment-related injury or illness, it is my responsibility to notify my volunteer assignment supervisor immediately. If my volunteer assignment supervisor is unavailable, I will contact the County department/agency's volunteer coordinator/program manager to report my volunteer assignment-related injury or illness.
- Prior to driving my personal vehicle or a County vehicle during volunteer assignment hours, I must contact my volunteer assignment supervisor for approval. I will need to complete the "Authorization to Drive" form and also provide a current DMV printout, my unexpired drivers' license and proof of automobile insurance. While driving my own personal vehicle my auto insurance shall be primary while in the course and scope of my assignment with the County of Riverside.

- My failure to report to a scheduled volunteer assignment without contacting my assignment supervisor may result in immediate release.

I have also read and understand the information provided to me on the Volunteer Insurance Program. I understand the County of Riverside does not provide Workers' Compensation Insurance to volunteers.

I understand the County of Riverside provides liability insurance while in the course and scope of the volunteer's activity/responsibility except, but not limited to, the following:

- Willful, wanton acts.
- Abuse, sexual abuse, assault and battery.
- Acts/activities not within the course and scope of the volunteers' activities/responsibilities.

I also understand that if I have further questions regarding the Volunteer Insurance Program, I may contact the Human Resources Department's Risk Management Division at (951) 955-3540.

Additionally, I know that volunteers are to park their private vehicles in the Public Parking areas at all County Facilities and that the County of Riverside is not responsible for the payment of fines resulting from parking in County employee's parking spaces per the County of Riverside's Administrative Policy.

Volunteer Signature

Date

Volunteer Name Printed

Parent/Guardian Signature (for minor volunteers)

Date

Parent/Guardian Name Printed

Witness Signature

Date

Witness Signature Printed

SECTION 3 - VOLUNTEER EMERGENCY CONTACT INFORMATION (The Volunteer completes this section.)

Emergency Contact Name:	Relationship:
Home Telephone:	Work Telephone:
Street Address, City, State, and Zip Code	

Volunteer Insurance Program - Human Resources Risk Management - P.O. Box 1120, Riverside, CA 92502-1120 - (951) 955-3540
County Department Submits A Copy of this Form & the Application to: Human Resources Talent Management, Mail Stop # 1081