

STATE CENTER COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES OPERATIONAL GUIDELINE
Volunteers

State Center Community College District (SCCCD) is proud to have the advantage of volunteers and utilizes their services within the confines of the Fair Labor Standards Act (FLSA).

SCCCD uses two types of volunteers:

- Current employees who volunteer to do District work other than that, which they were hired for, and;
- People from the community such as retirees, interns and students.

All volunteers must complete the State Center Community College District Volunteer Service Agreement. Completion of this form indicates the person's agreement to work without being compensated.

It is the responsibility of the authorizing manager to ensure the duties performed by the volunteer are not contained within an employee job description, and to ensure compliance with the current FLSA ruling #596.

FLSA ruling #596 allows volunteers to work under the following conditions:

- The services are entirely voluntary, with no coercion by the employer, no promise of advancement, and no penalty for not volunteering;
- The activities are predominantly for the volunteer's own benefit;
- The volunteer does not replace an employee or impair the employment opportunities of others by performing work which would otherwise be performed by regular employees;
- The volunteer serves without contemplation of pay;
- The activity does not take place during the employee's regular working hours or scheduled overtime hours;
- The volunteer time is insubstantial in relation to the employee's regular hours.

Volunteers do not need to be Board approved; however, they are automatically covered by the District's workers' compensation insurance.

Volunteers are not fingerprinted; however, they cannot work with students without being supervised by a District employee.

Any volunteers in the Child Development Centers must comply with this guideline as well as additional state and federal laws covering child development workers.

Reedley College requirements:

- **Must provide a current, clear TB test result (must be within 60 days).**
- **Must complete the online IIPP video with 100% score.**
- **Must complete the Workers' Comp Pre-designation of Personal Physician Acknowledgement form.**
- **Must complete Criminal Conviction Disclosure Form**

REEDLEY COLLEGE

VOLUNTEER CHECK-LIST

EACH OF THE FOLLOWING MUST BE COMPLETE BEFORE ANY PERSON CAN BEGIN VOLUNTEERING

[] TB SKIN TEST REQUEST & RESULTS FORM

You may take the TB test on campus, at the Health Services office, located in the Student Services building (lower level). There is no charge for this service. A negative TB skin test or clear x-ray must be dated within the last 60 days.

[] INJURY AND ILLNESS PREVENTION PROGRAM (IIPP) CERTIFICATION

This is a safety training video that must be viewed prior to volunteering. Please see the attached sheet for instructions on how to complete the certification.

[] VOLUNTEER OPERATIONAL GUIDELINE

Pick up the Volunteer Operational Guideline from the department you are volunteering for. Fill out the Volunteer Service Agreement. Instead of your social security number, please fill in your student ID on the second page. Initial and sign where indicated. Have the area administrator sign and date.

[] SCCCD POLICY ON SEXUAL HARASSMENT

Included in the packet is SCCCD's policy on sexual harassment. Please look this over so that you understand not only your rights, but also the rights of those around you. Sexual harassment is a serious issue and will not be tolerated.

[] SCCCD WORKER'S COMPENSATION

Even though you are a volunteer, you are covered under the District's Workers' Comp. Read over the Company Nurse® memo to familiarize yourself with what you need to do in case of a workplace injury or illness. The next packet of documents includes the Workers' Comp Pre-designation of Personal Physician. All we need from you right now is your name and signature on the 'Acknowledgement Form.' By signing this, you are stating that you have received the related paperwork. If you are injured during your tenure as a volunteer, SCCCD has its own doctors for you to see. Under state law, however, you have the right to see your own physician if you wish. If you would rather go to your own doctor, were you injured while volunteering, please read through the packet, fill out the portions applicable to you, then submit to your doctor's office for completion and signature on their portion.

[] CRIMINAL CONVICTION DISCLOSURE FORM

Every volunteer must complete this form. Continue onto the back of the form if additional space is needed. Having a criminal record does not necessarily disqualify any person from becoming a volunteer.

[] ROUTING

Return all paperwork to the department you would like to be considered as a volunteer for. Staff will route the volunteer packet to the appropriate party/ies for any/all necessary signature/s.

PLEASE NOTE: Once the volunteer packet is complete, and has obtained all necessary signatures, route to Administrative Services. Packet will be reviewed for completion in its entirety. Once approved, the original will be routed back to the listed 'Authorizing Manager.'



STATE CENTER
COMMUNITY
COLLEGE DISTRICT

Volunteer Service Agreement

This Volunteer Service Agreement is made and entered into between the State Center Community College District (SCCCD) and (Name of Volunteer)

_____.

1. **Position.** District offers Volunteer and Volunteer agrees to render service as a volunteer (list duties) _____

2. **Volunteer Status.** Volunteer is already employed by SCCCDC as a _____
_____. Volunteer understands and agrees that the volunteer service which is the subject of this agreement is in a different capacity from the Volunteer’s current employment with SCCCDC; **OR**
 Volunteer is not an SCCCDC employee.

3. **Waiver.** Volunteer understands the provisions of Paragraph (2) above that he/she will not earn or receive regular pay or overtime in connection with hours worked under this agreement. Volunteer knowingly and voluntarily waives any claims under the Fair Labor Standards Act in connection with this agreement.
(____ Volunteer’s initials indicating agreement)

4. **Term.** Volunteer’s service shall begin on _____, and shall end when this Agreement is terminated by SCCCDC or volunteer.

5. **Status.** Volunteer specifically acknowledges he/she is a Volunteer within the meaning of 29 U.S.C. section 302(e) (4A) and other applicable law. Volunteer therefore agrees he/she is not a classified or academic employee and that this contract does not establish any right to probationary or permanent employment. Volunteer agrees he/she is not afforded rights under SCCCDC’s collective bargaining agreement and may be terminated by SCCCDC at any time for any reason, or for no reason, without due process or a hearing of any kind.
____ Volunteer’s initials indicating agreement

6. **History of Conviction.** Have you ever been convicted of, pled guilty to or pled no contest to any criminal offense before any court? (An answer of “yes” does not necessarily disqualify you from volunteering. Each situation is considered individually, based on the circumstances.
_____ Yes _____ No

If yes, please attach explanation on separate sheet of paper including the date and place of each offense, the specific charge, the date and place of convictions or plea, the fine or sentence received, or the diversion program entered. You may omit any offenses for which the only punishment imposed was a fine of less than \$100, or minor traffic violations. Any offense for which you were convicted for which the punishment was a fine in excess of \$100, which required serving a jail or prison sentence, or which required probation, MUST be reported. You must report convictions or pleas withdrawn, set aside or dismissed pursuant to California Penal Code section 1203.4. Notwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date that you complete this application for violation of health and safety code sections 11357, 11360, 11364, or 11365 as those statutes related to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes.

7. I am physically, mentally and professionally capable of performing the service involved in this volunteer assignment. I understand I am required to perform my volunteer services in accordance with any applicable laws, regulations or technical/professional standards.

_____ Yes _____ No

Volunteer Name: _____

Address: _____

City / State / Zip _____

Telephone () _____ Student ID #: _____

Date of Birth _____

Emergency Contact Name(s) and Phone Number(s)

Name

Phone Number

Name

Phone Number

Signature of Volunteer

Signature of Manager Authorizing Volunteer

Revised: October 15, 2012

Upon completion of entire packet, route to Administrative Services.

IIPP Safety Training Instructions

The online IIPP can also be accessed from any computer with an internet connection.

1. Go to www.sccd.edu
2. Click on the "Office & Departments" tab
3. Click on the "Environmental Health and Safety" link
4. Click on the "Online Safety Training" link
5. Scroll to the link under "Federal Work Study, Provisional Employees, and Student Aides"
6. Complete the IIPP training only.
7. Complete the test with 100% score.
8. Fill out your name on the Certificate of Completion. Fill in your title (i.e.: Volunteer).
9. Print, sign, and return to the hiring department along with your other paperwork.



The definition of sexual harassment includes many forms of offensive behavior.



Department of Fair Employment and Housing

such as a lead, supervisor, manager or agent;

- the employer had no knowledge of the harassment;
- there was a program to prevent harassment; and
- once aware of any harassment, the employer took immediate and appropriate corrective action to stop the harassment.

Filing a Complaint

Employees or job applicants who believe that they have been sexually harassed may file a complaint of discrimination with DFEH within **one year** of the harassment.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court on behalf of the complaining party. The DFEH may seek punitive damages is entitled to attorney's fees and costs if it prevails in litigation.

Remedies include:

- Fines or damages for emotional distress from each employer or person found to have violated the law
- Hiring or reinstatement
- Back pay or promotion
- Changes in the policies or practices of the involved employer

Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

For more information, see publication DFEH-159 "Guide for Complainants and Respondents."

For more information, contact DFEH toll free at
(800) 884-1684
TTY number at **(800) 700-2320**
or visit our Web site at www.dfeh.ca.gov

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact DFEH at the numbers above.



State of California
Department of Fair Employment & Housing

Sexual Harassment

The Facts About Sexual Harassment

The *Fair Employment and Housing Act* (FEHA) defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment; and harassment based on pregnancy, childbirth, or related medical conditions. The definition of sexual harassment includes many forms of offensive behavior, including harassment of a person of the same gender as the harasser. The following is a partial list of types of sexual harassment:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Actual or threatened retaliation
- Leering; making sexual gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
- Making or using derogatory comments, epithets, slurs, or jokes
- Sexual comments including graphic comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, or invitations
- Physical touching or assault, as well as impeding or blocking movements
- Sexual desire is not necessary



The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

Employers' Obligations

All employers must take the following actions against harassment:

- Take all reasonable steps to prevent discrimination and harassment from occurring. If harassment does occur, take effective action to stop any further harassment and to correct any effects of the harassment.
- Develop and implement a sexual harassment prevention policy with a procedure for employees to make complaints and for the employer to investigate complaints. Policies should include provisions to:
- Fully inform the complainant of his/her rights and any obligations to secure those rights.
- Fully and effectively investigate. The investigation must be thorough, objective, and complete. Anyone with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the alleged harasser and, as appropriate, to all others directly concerned.
- Take prompt and effective corrective action if the harassment allegations are proven. The employer must take appropriate action to stop the harassment and ensure it will not continue. The employer must also communicate to the com-

plainant that action has been taken to stop the harassment from recurring. Finally, appropriate steps must be taken to remedy the complainant's damages, if any.

- Post the Department of Fair Employment and Housing (DFEH) employment poster (DFEH - 162) in the workplace (available through the DFEH publications line [916] 478-7201 or Web site).
- Distribute an information sheet on sexual harassment to all employees. An employer may either distribute this pamphlet (DFEH 185) or develop an equivalent document that meets the requirements of Government Code section 12950(b). This pamphlet may be duplicated in any quantity. **However, this pamphlet is not to be used in place of a sexual harassment prevention policy, which all employers are required to have.**
- All employees should be made aware of the seriousness of violations of the sexual harassment policy and must be cautioned against using peer pressure to discourage harassment victims from complaining.
- Employers who do business in California and employ 50 or more part-time or full-time employees *must* provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

- A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way for an employer to avoid or limit liability if harassment should occur despite preventive efforts.

Employer Liability

All employers, regardless of the number of employees, are covered by the harassment section of the FEHA. Employers are generally liable for harassment by their supervisors or agents. Harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassing an employee or coworker or for aiding and abetting harassment.

Additionally, the law requires employers to take "all reasonable steps to prevent harassment from occurring." If an employer has failed to take such preventive measures, that employer can be held liable for the harassment. A victim may be entitled to damages, even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

In addition, if an employer knows or should have known that a **non-employee** (e.g. client or customer) has sexually harassed an employee, applicant, or person providing services for the employer and fails to take immediate and appropriate corrective action, the employer may be held liable for the actions of the non-employee.

An employer might avoid liability if

- the harasser is not in a position of authority,



State Center Community College District
1525 E. Weldon Avenue
Fresno, CA 93704

Memorandum

TO: All Newly Hired Employees

DATE: 2/28/2014

FROM: Frances Garza, Benefits Coordinator

RE: Reporting a work-related injury/illness and information regarding COMPANY NURSE®

In 2007 SCCCD implemented COMPANY NURSE® as the method for employees to report all workplace injuries. **The COMPANY NURSE® hotline is available 24 hours per day, seven days per week: 1-877-854-6877.**

For those of you unfamiliar with COMPANY NURSE®, here is a brief history. On March, 1, 2007, our workers' compensation group, Valley Insurance Program, approved a new injury reporting process for all district members. In an effort to provide prompt medical care to injured workers and effectively manage our workers' compensation claims, Valley Insurance Program implemented an injury management program called Company Nurse®. When a workplace injury/illness occurs, the injured employee will call Company Nurse® directly after reporting the incident to their supervisor. The attending nurse will provide first aid advice and direct the injured employee to an appropriate medical treatment site. This has proved to be an effective reporting mechanism to provide injured employees the best available treatment appropriate to the injury.

HOW IT WORKS

If an injury is not a medical emergency, the employee should immediately report the injury to their supervisor and telephone **COMPANY NURSE® at 1-877-854-6877**. A registered nurse will assist the employee with his or her medical needs and expedite the claims processing. The nurse receiving the call will triage the injury as follows:

- Incident report only; no treatment needed – Employee returns to work.
- Minor first aid; nurse will give self-care advice – Employee returns to work, same or next shift.
- Requires further medical care – Nurse refers employee to seek treatment at designated clinic/physician.
- Emergency; call 911 – Seek emergency treatment immediately.

IN CASE OF LIFE OR LIMB THREATENING EMERGENCY, call SCCCD Police Services at (559) 442-8201 or dial 9-1-1.

In the event of a non-life threatening injury, you and your supervisor will place a call to **COMPANY NURSE® at 1-877-854-6877 before you leave the premises.**

If your injury is considered first-aid advice only, **COMPANY NURSE® will provide advice which you are to follow. You may return to your regular position/work duties. If the medical situation does not improve, you must call back **COMPANY NURSE®** for appropriate medical referral and authorization prior to seeking treatment, unless it is an emergency.**

If COMPANY NURSE® determines medical treatment is needed, you will be referred to a designated facility for treatment. Please proceed to visit the designated medical facility for treatment. **COMPANY NURSE®** will immediately forward your information/authorization to the designated medical facility for your follow-up care. At your treatment, the medical facility will provide you with a work status note; please provide a copy of the work status note to your supervisor.

Your cooperation and participation is appreciated. Should you have any questions in regards to the information or Workers' Compensation, please contact Frances Garza, Benefits Coordinator at (559) 244-5933 or frances.garza@sccd.edu.



State Center Community College District
1525 E. Weldon Avenue
Fresno, CA 93704

Memorandum

TO: All Newly Hired Employees

DATE: 07/01/2014

FROM: Frances Garza, Benefits Coordinator

RE: Time of Hire Pamphlet and Predesignation of Personal Physician forms

Attached please find the Time of Hire Pamphlet which discusses Workers' Compensation and includes a Predesignation of Personal Physician form.

Please review the information and acknowledge receipt of the attached information by completing the acknowledgement form below. **Separate the acknowledgement form from the memo and return only the completed acknowledgement form to District Human Resources.**

If you have any questions or concerns regarding the materials, please feel free to contact Frances Garza, Benefits Coordinator, at (559) 244-5933.

Thank you.

STATE CENTER COMMUNITY COLLEGE DISTRICT

Acknowledgement Form

I, _____, acknowledge receipt of the SCCCD Time of Hire Pamphlet and the predesignation of personal physician form.

Signed,

Employee Name

Date

Print Employee Name

Employee/Student ID #

TIME OF HIRE PAMPHLET

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.

- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation

- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.

- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to www.dwc.ca.gov and looking under "Workers'

Compensation programs and units” for the “Information & Assistance Unit” link or visit the DIR web site at www.dir.ca.gov.

Workers’ compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers’ compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don’t delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don’t hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers’ compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Address: _____

Phone: _____.

You may be able to find the name of your employer’s workers’ compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it’s a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit
All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to www.dwc.ca.gov and under “Workers’ Compensation programs and units”, click on “Information & Assistance Unit.” At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at: Address: _____ Phone number: _____.

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print):

Employee's Address:

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other 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).

§ 9783.1. DWC Form 9783.1 Notice of Personal Chiropractor or Personal Acupuncturist.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(telephone number)

Employee Name **(please print)**:

Employee's Address:

Employee's Signature _____ Date: _____



995 N. Reed Avenue., Reedley, CA 93654
 559-638-0300
 www.reedleycollege.edu



30277 Avenue 12, Madera, CA 93638
 559-675-4800
 www.maderacenter.com



P.O. Box 1910, 40241 Hwy 41,
 Oakhurst, CA 93644
 559-683-3940
 www.oakhurstcenter.com

Criminal Conviction Disclosure Form - Volunteers

Print or Type

Last Name		First Name	M.I.
Address		City	State
Zip Code	Phone		Birthdate (mm/dd/yyyy)

Have you ever been convicted of, pled guilty to, or pled no contest to any criminal offense before any court? Yes or No
 (Having a criminal record does not necessarily disqualify you to become a volunteer. Each case is given individual consideration, based on volunteer service area and other related criteria).

You may omit any minor traffic violations or offenses for which the only punishment imposed was a fine of less than \$100.

Convictions MUST be reported if you were:

- Imposed a fine in excess of \$100 and/or
- Required to serve jail or a prison sentence and/or
- Placed on probation.

You must report convictions or pleas withdrawn, set aside, or dismissed pursuant to California Penal Code section 1203.4. Notwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date you complete this form for violation of health and safety code sections 11357, 11360, 11364, or 11365 as these statues related to marijuana prior to January 1, 1976 or a statutory predecessor to those statues.

If yes, please provide the following details: Date of arrest, city and state where arrested, the specific charge, the date and place of the convictions or plea, the fine or sentence received, or the diversion program entered below. If space is not sufficient, please continue on the back of this sheet.

I hereby certify that all statements, answers, and representations on this form, and any attachments, are true, complete and accurate.

_____ Date

_____ Signature

STATE CENTER COMMUNITY
 COLLEGE DISTRICT
 Equal Opportunity Employer