



**MVP**

**PEDIATRIC & URGENT CARE**  
INFANTS, CHILDREN, & YOUNG ADULTS

**VOLUNTEER APPLICATION**

MVP PEDIATRIC & URGENT CARE  
18555 VENTURA BLVD SUITE B, TARZANA CA, 91365  
1(818) 614-3088

*MVP PEDIATRIC & URGENT CARE is dedicated to a policy of non-discrimination in and policy of equal opportunity for all applicants for volunteer positions and for all volunteers. MVP PEDIATRIC & URGENT CARE does not discriminate against any applicant or volunteer based on, and considers each applicant and volunteer without regard to sex, race, color, national origin, ancestry, citizenship, pregnancy, age, marital status, medical condition, physical disability, mental disability, or sexual orientation.*

**Personal Information:**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Circle Title)      Mr.      Miss.      Mrs.

Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I: \_\_\_\_\_

Gender (circle one) M / F

**Permanent Address:**

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # (with area code): (    )    -

Cell phone #: (    )    -

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

Birth Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_



**MVP**

**PEDIATRIC & URGENT CARE**  
INFANTS, CHILDREN, & YOUNG ADULTS

Present employer: \_\_\_\_\_

Phone #: (    )        -

Emergency contact: \_\_\_\_\_

Emergency phone #: (    )        -

Have you ever been convicted of a felony or misdemeanor (including a conviction for which the record has been sealed, expunged, or judicially dismissed)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. A felony or misdemeanor conviction will not necessarily disqualify an applicant from being offered a volunteer position.

---

---

---

---

---

Have you ever been arrested for a drug or sex offense? (If yes, please explain) Yes \_\_\_\_\_ No \_\_\_\_\_

---

---

---

How did you hear about our program?

---

---

Present employer: \_\_\_\_\_

Phone #: (    )        -

Emergency contact: \_\_\_\_\_



**MVP**

**PEDIATRIC & URGENT CARE**  
INFANTS, CHILDREN, & YOUNG ADULTS

Emergency phone #: (    )       -

Please state your reasons for volunteering along with any of your special skills and qualities that would benefit our volunteer program. (Please do not exceed the allotted space.)

---

---

---

---

---

---

---

Are you legally eligible to work in the United States?    Yes \_\_\_\_\_    No \_\_\_\_\_

Name of local reference (not a relative): \_\_\_\_\_

Phone #: (    )       -

Relationship: \_\_\_\_\_

Are you currently attending school?    Yes \_\_\_\_\_    No \_\_\_\_\_

Name of school: \_\_\_\_\_

What are your goals in joining the program? What do you hope to experience?

---

---

Previous volunteer experience:

---

---

---



**MVP**

**PEDIATRIC & URGENT CARE**  
INFANTS, CHILDREN, & YOUNG ADULTS

Previous work experience (if none, please leave blank) :

---

---

---

Foreign languages (Please list if any) :

---

---



**MVP**

**PEDIATRIC & URGENT CARE**  
INFANTS, CHILDREN, & YOUNG ADULTS

## OVERVIEW OF PRIVACY POLICIES

MVP Pediatric and Urgent Care policy and federal regulations protect the privacy of our patients' health information. The Health Insurance Portability and Accountability Act (HIPAA) is a set of federal rules that defines what information is protected, sets limits on how that information may be used or shared, and provides patients with certain rights regarding their information. MVP Pediatric and Urgent Care has its own policies that reflect these regulations as well as best ethical standards.

These rules protect information that is collected or maintained, (verbally, in paper, or electronic format) that can be linked back to an individual patient and is related to his or her health, the provision of health care services, or the payment for health care services. This includes, but is not limited to, clinical information, billing and financial information, and demographic/scheduling information. **Even the fact that an individual has received care at MVP Pediatric and Urgent Care is protected by MVP Pediatric and Urgent Care policy and federal regulations.**

MVP Pediatric and Urgent Care's policy and HIPAA regulations limit the use or sharing of protected patient information to the following purposes: providing treatment, obtaining payment for services, certain health care administrative functions and when required or permitted by law. Any other use or disclosure of protected information requires written authorization from the patient. For all uses or disclosures other than treatment, only the minimum amount of information necessary will be shared on a need to basis. The Notice of Privacy Practices describes to patients how we may use or disclose their health information and patient rights regarding their protected health information

## CONFIDENTIALITY AGREEMENT FOR VISITORS IN CLINICAL AREAS

As a visitor at MVP Pediatric and Urgent Care, you are required to conduct yourself in strict conformance to all applicable laws and MVP Pediatric and Urgent Care policies governing confidential information. **Simply by being in the medical facility, you may encounter confidential patient information.** Care is often coordinated in semi- public environments where there is the risk that patient information may be heard or viewed by individuals not directly involved in the patient's care. MVP Pediatric and Urgent Care has polices intended to limit the risks of such incidental disclosures of patient information.

You may see or hear information related to MVP Pediatric and Urgent Care patients (such as charts and other paper and electronic records, demographic information, conversations, admission/discharge dates, names of attending physicians, patient financial information, etc.). **Any patient information you see or hear, either incidentally or by observing patient visits, must be kept confidential. By signing below, you are agreeing to abide by MVP Pediatric and Urgent Care policies regarding confidentiality of patient health information.**

As a condition of and in consideration of, my use, access, and/or disclosure of confidential information, I, \_\_\_\_\_, understand and agree to the following:

- I will access, use, and disclose confidential information only as permitted by MVP Pediatric and Urgent Care hosts. This means that I will only access, use, and disclose confidential information that I have been given authorization to access, use, and disclose.



**MVP**

**PEDIATRIC & URGENT CARE**  
INFANTS, CHILDREN, & YOUNG ADULTS

- I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions will result in the termination of my privilege to observe and participate in rounds in clinical areas and I may be subject to legal liability as well.
- My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT CONSENT**

**For youth volunteers (ages 15-17), parental consent is required.**

The information contained in this application is correct. I am aware of the various tasks that my daughter/son will be required to perform. My daughter/son has my permission to serve as a volunteer at MVP Pediatric & Urgent Care, and to also obtain Live Scan Fingerprinting/Background Check prior to volunteering. I give permission for my daughter/son to receive all necessary tests and/or vaccinations, including TB tests, as part of her/his health clearance for volunteer work within MVP Pediatric & Urgent Care.

I understand the responsibility my son/daughter is taking on and will encourage his/her promptness and regular attendance as promised.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MVP**

**PEDIATRIC & URGENT CARE**  
INFANTS, CHILDREN, & YOUNG ADULTS

I hereby authorize **MVP Pediatric & Urgent Care** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, equifax, experian, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to \_\_\_\_\_ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **MVP Pediatric & Urgent Care** and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind. I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Soc. Sec. Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(I.D. Purposes Only)

Drivers License Number/State: \_\_\_\_\_

Telephone number: \_\_\_\_\_



**MVP**

**PEDIATRIC & URGENT CARE**  
INFANTS, CHILDREN, & YOUNG ADULTS

NOTICE TO ALL CALIFORNIA RESIDENTS:

If you would like to receive a copy of your background information obtained by ***MVP Pediatric & Urgent Care***, please indicate by checking the following box. Please send me a copy of my background report: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**California, Minnesota and Oklahoma Residents Only:**

If a consumer credit report is ordered, would you like a free copy of the report mailed to your home? \_\_\_ YES \_\_\_ NO

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_