

# SEARCH

Student Energy in Action for Regina Community Health



3510 – 5th Avenue  
Regina, SK S4T 0M2  
e – reginastudentclinic@gmail.com  
www.searchhealthclinic.com

## Paperwork

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

### Required Student Documentation:

(to be initialed by orientation instructor)

- \_\_\_\_\_ EHE 001 (UofR) / Faculty Recommendation Form (UofS) / Proof of Enrollment (SaskPoly)
- \_\_\_\_\_ Criminal Record Check
- \_\_\_\_\_ Completed Paperwork (Contract & Confidentiality Agreement)

Information is collected for the purposes of notification for the SEARCH membership (ie. AGM notices, volunteer opportunities) and is required to volunteer at SEARCH.

Please check this box if you would like to give consent for SEARCH to contact you out side of the reasons listed above (ie email newsletter)

## Student Volunteer Contract

As a student volunteer with SEARCH, I \_\_\_\_\_, make the following statements: (Print Name)

I will take part in one mandatory orientation session prior to volunteering with SEARCH.

I will provide the appropriate paperwork to SEARCH before working a shift as explained in the **Student Orientation Package**.

I will be familiar with my faculty recommendation letter which outlines the discipline and level at which I may practice within my appropriate skills inventory. After familiarizing myself with my skills inventory and the SEARCH Student Manual, I will adhere to and not exceed the duties and responsibilities for the applicable level of my discipline as outlined by my faculty recommendation letter. I understand that I may under no circumstances, disseminate any advice deemed to be of a professional manner unless that advice has been authorized by the physician or mentor/s on a SEARCH shift.

I will adhere to all policies implemented by SEARCH as outlined in the SEARCH Student Manual.

I will adhere to the charting protocol which means that if I have seen a client and I am allowed to chart by my skills inventory, I will legibly sign the chart with my name and discipline. I will have the mentor with whom I consulted on the patient review and sign the chart.

I will sign a Confidentiality Agreement and will maintain strict confidentiality regarding the operations of SEARCH, the relationships with other volunteers, mentors and staff and most significantly, I will maintain confidentiality surrounding any clients who use any SEARCH services.

I will respect the relationships I form with people from other disciplines and use the information and education I receive at SEARCH to the advantage of my clients in my future work and practice.

I will receive no remuneration for my work at SEARCH.

I will advocate where and whenever possible on behalf of SEARCH and without breaking confidentiality, the issues our clients face.

I will adhere to the SEARCH Code of Ethics as listed in the SEARCH Student Manual.

Failure to adhere to any of these rules may result in disciplinary action.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

(In the event we must get in touch with you at the last minute, please list all phone numbers.)

Discipline, Year of Studies, Institution: \_\_\_\_\_

## Confidentiality Agreement

I, \_\_\_\_\_  
(Print name)

understand that as a student volunteer of SEARCH Inc., I will have access to and will have disclosed to me confidential information about clients of SEARCH Inc. and the Four Directions Community Health Centre. I understand and agree that this information is confidential and that the release of information must be done in accordance with the SEARCH Policy on Confidentiality of Client Information.

I agree that after my volunteer position with SEARCH Inc. terminates, I will continue to keep all client information strictly confidential and I will continue to act in accordance with the SEARCH Inc. Policy on Confidentiality. I also understand that breaches of confidentiality are very serious and may be grounds for disciplinary and/or legal action.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

## Criminal Record Reporting

According to SEARCH policy, it is mandatory that student volunteers and professional mentors provide a criminal record check before they can volunteer during clinic hours. SEARCH only asks for this piece of information once. However, SEARCH requests that in the event a student receives a criminal record after already submitting a record check, the violation must be reported immediately to SEARCH before returning to volunteer at another shift.

I \_\_\_\_\_ (Print name) vow to let SEARCH know if I receive a criminal record after submitting my original criminal record check as soon as possible after the violation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Student Interest Survey

Please check the following areas of the clinic that are of interest to you.

- Child care & Children’s Programming
- Kitchen
- Facilitating social programming (example: Fun with Food, Literacy Days)
- Counselling/Women’s Group
- Door Greeting
- Medical Clinic

## Photo Release (optional)

At SEARCH, we like to keep the community and the city informed as to what is happening around our clinic. We will be taking pictures and/or videos in order to promote SEARCH. As a result, we would appreciate your consent to use pictures according to the following terms. If you agree, please complete and sign the following form:

I understand and agree that these photographs and/or videos may be used in the promotion of SEARCH. They may be used for slide presentations, posters, and newspapers for SEARCH, or otherwise displayed to the public or used for educational, fundraising, communication, information or training purposes – either in whole or in part by SEARCH or a third party on behalf of SEARCH.

I understand and agree that I will not receive any compensation for the taking or use of these photographs and/or videos.

If you are under 18 years of age, please have this form signed by your parent or legal guardian.

Participant: \_\_\_\_\_

Signature of participant or guardian: \_\_\_\_\_

Guardian (if applicable): \_\_\_\_\_

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

## CBSL Placement Confirmation/Mutual Expectation Agreement

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Community Partner Name: SEARCH

Community Partner Contact Name: Emily Barber, Executive Director

Community Partner Phone: 306-570-6208 Service Volunteering Dates: \_\_\_\_\_

Basic Responsibilities/Expectations for Student: \_\_\_\_\_

\_\_\_\_\_

I, the above-named Student, have elected to provide services with the Community Partner. I agree:

- a) To abide by the regulations, policies, and procedures of this Community Partner and the Educational Institution;
- b) To maintain confidentiality;
- c) To provide the best of my ability to tasks specified in this agreement and to conduct myself professionally at all times;
- d) That the Educational Institute and the Community Partner may release information to one another that is related to this placement and my performance;
- e) To call in advance if I am detained for any reason. **I understand that failure to do so may result in the termination of this agreement.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature *For students under the age of 18*

\_\_\_\_\_  
Date

The Community Partner agrees to accept the services of the Student and to provide meaningful tasks for this Student. In exchange for these services the Community Partner agrees to supervise and evaluate this Student. The Community Partner will not expect the Student to participate in activities that would be considered unsafe.

Per: \_\_\_\_\_  
Community Partner Authorized Signing Officer

\_\_\_\_\_  
Date

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## Medical Release Information

I hereby give permission to licensed emergency and health care personnel to provide treatment/services necessary to maintain my health. I give my permission to be transported and treated by any doctor assigned by the Community Partner service site in an emergency or accident. I agree that the information on this form may be disclosed to such emergency and health care personnel.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature *For students under the age of 18*

\_\_\_\_\_  
Date

Emergency Contact Person (and relationship): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please return this form to your Instructor.**

