



## SouthEast Alaska Regional Health Consortium

### Ethel Lund Village Health Occupations Program

#### Agreement of Participant Conduct

The SouthEast Alaska Regional Health Consortium (SEARHC), Alaska Area Health Education Center (AHEC) and the Sitka Tribe of Alaska are extremely pleased that you have decided to participate in the Ethel Lund Village Health Occupations Program. With generous financial support from AHEC and Sitka Tribe of Alaska and SEARHC's commitment to provide students with an opportunity for career awareness, we are able to sponsor up to fifteen students from outlying communities with housing, meals, evening entertainment, and a travel stipend. As a participant in the Village Health Occupations Program, there are certain expectations that we have of you. First and foremost, as a participant, it will be your responsibility to respectfully represent your community and be on your best behavior. Please review and read the following expectations with your parent/guardian and indicate that you understand them by signing and dating this document.

#### The expectations are:

- You will attend all VHOP activities, including the evening activities.
- You will ***not*** be released to the custody of anyone unless prior written consent is received, approved and does not interfere with VHOP activities.
- You will be respectful to people and property.
- You will obey all laws.
- You will cooperate with instructional, hospital and chaperone staff at all times.
- You will abide by a curfew established by VHOP staff and realize that there will be little "free time" set aside. This is a learning opportunity sponsored by several organizations that your school and parents have agreed to let you attend.
- You will keep chaperones informed of your physical whereabouts at all times.
- You will ***not*** use drugs, alcohol or tobacco at anytime during this VHOP experience.

**By signing below, the student and parent completely understand that if any of the above conditions are violated, he/she will be sent home immediately at the expense of the parent(s) or guardian(s).**

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Student Signature and Date

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Parent Signature and Date







# SEARHC

SouthEast Alaska Regional Health Consortium

Executive Offices  
3245 Hospital Drive, Juneau, AK 99801  
907 463-4000 • www.searhc.org

## Authorization to Provide Contract Services

To: Appropriate Vice President

From: Melanie Millhorn, Human Resources Director

Subject: Contract Services

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

\_\_\_\_\_ will be under contract to provide professional Services in  
\_\_\_\_\_ Dept. beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Your authorization is required to approve this contract.

Vice President Approved: \_\_\_\_\_ Date \_\_\_\_\_.

The nature of SEARHC's business necessitates the utilization of the services of contracted and volunteer personnel. Contracted and volunteer personnel who provide patient care or services must satisfy necessary requirements regarding qualifications and competence. In order to confirm qualifications and competencies, SEARHC will conduct orientations and evaluation with all contracted and volunteer personnel. The managing department and the Human Resources department will maintain files concerning contracted and volunteer personnel to ensure these requirements are realized.

If a medical provider, will clinical coverage be covered by the Federal Torte Claims Act?

YES\_\_\_ NO\_\_\_

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*Your Partner in Health*



# South East Alaska Regional Health Consortium

## Employee Demographics

(Please PRINT all information)

### Employee Information

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Social Security Number: \_\_\_\_\_

Mailing Address (MA) \_\_\_\_\_  
STREET/PO BOX

\_\_\_\_\_ CITY STATE ZIP

Physical Address (PY) \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP

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

Birth Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Prefix/Suffix

Mr.  Other/  
 Ms.  
 Mrs.

### Citizen

Yes (Y)  
 No (N)

### Ethnicity

Alaska Native (7)  
 American Indian (5)  
 Asian/Pacific  
 Islander (4)  
 Black (2)  
 Caucasian (1)  
 Hispanic (3)  
 Unknown (6)

### Marital Status

Single  
 Married  
 Divorced

### Emergency Contact Information

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

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

Emergency Address (EM) \_\_\_\_\_  
PHYSICAL - STREET

\_\_\_\_\_ CITY STATE ZIP

Home Phone: \_\_\_\_\_ Work: Phone: \_\_\_\_\_

### Change Reason

New Employee  
 Returning Employee  
 Name Change  
(requires copy of Social Security Card with name change)  
 Address Change  
 /Addition  
 Emergency Contact  
 Change/Addition  
 Marital Status Change  
(Benefits changes may be needed)

Return Options	Juneau	Community Health	Mt. Edgecumbe Hospital
Interoffice mail	Juneau - HR	CHS - HR	Sitka - HR
Regular mail	SEARHC Human Resources 3245 Hospital Drive Juneau AK 99801	SEARHC Human Resources 222 Tongass Drive Sitka AK 99835	SEARHC Human Resources 222 Tongass Drive Sitka AK 99835
Fax	907-463-4075	907-966-8702	907-966-8527

**HUMAN RESOURCES USE ONLY**

1. Enter into Banner Employee ID \_\_\_\_\_

2. Fax to Payroll to enter in BenLink Entered in Banner \_\_\_\_\_ (initial/date)

3. Original to OPF Entered in BenLink \_\_\_\_\_ (initial/date)

PLEASE READ AND COMPLETE

### A. Health Care Violation Self-Disclosure Statement

Under federal law we are required to ask you to disclose information about certain criminal convictions:

- a) Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for child care positions with SEARHC have applicants sign a receipt of notice that a criminal record check will be conducted.
- b) Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, requires a criminal record check for positions with SEARHC that involve regular contact with or control over Indian children.
- c) Federal regulation requires that all SEARHC applicants disclose any criminal conviction related to health care as defined by 42 USC 1320a-7(i).

*For the language of these federal regulations go to [searhc.org/jobhunt/regs.html](http://searhc.org/jobhunt/regs.html)*

	NO	YES
1. Have you ever been arrested for or charged with a crime involving a child?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been found guilty of, or plead no contest or guilty to, any offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently under indictment or charged with a crime or have you been indicted or convicted of a felony or misdemeanor involving drugs, alcohol, physical or sexual abuse?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of a felony or misdemeanor involving drugs, alcohol, physical or sexual abuse?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any convictions or pending charges in any jurisdiction for abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the last three years, have you been convicted of a criminal offense related to health care or the provision of health care as defined by 42 USC 1320a-7(i)? (See above for how you can download a copy of this provision.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been debarred, excluded, sanctioned, or otherwise made ineligible to participate in federal or state funded programs as defined by 42 USC 1320a-7(i)?	<input type="checkbox"/>	<input type="checkbox"/>

*If you answered YES to any of the above, provide date, explanation of violation, disposition of arrest or charge, place of occurrence, and name and address of police department or court involved. Declare whether it was a misdemeanor or felony and attach documents.  
(Complete this on a separate sheet of paper and attach it to this application.)*

### B. Affirmation and Release of Information to SEARHC

I affirm that the statements made in this application are true. I hereby authorize SEARHC, within one year of this date, to obtain any information pertaining to my employment, education, and criminal records including, but not limited to, academic achievement, attendance, personal history, performance reports, background investigations and disciplinary records. I hereby release SEARHC and any person furnishing information to SEARHC as authorized above from any liability or damage which may result from furnishing the information requested. I agree that if SEARHC finds I have made any misrepresentation or is dissatisfied with the results of any investigation of me, any offer of employment may be withdrawn, or employment may be terminated, without obligation on the part of SEARHC, except for payment to me for services actually rendered.

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