

# Project|SEARCH

## Assessment & Consent Forms 2017-2018



**Intern Name:** \_\_\_\_\_

[www.projectsearch.us](http://www.projectsearch.us)

**Dear Project|SEARCH Intern:**

Please complete this assessment. If you need help, please ask your teacher or parent/support staff. Fill out each section as best as you can. Please provide us with as much information about yourself and your skills. This will help us learn more about you and your abilities. If someone else helps you, ask them to write down the answers in your own words. **The Project|SEARCH Staff**



## Assessment Purpose & Guidelines

The purpose of this assessment packet is to outline the skill set the ProjectSEARCH Intern has already acquired. This application enables the Selection Committee to properly assess each intern candidate's interests, skills, abilities and background. Much of the information will also enable the ProjectSEARCH staff to prepare classes that can address areas that will benefit an intern in securing employment.

The Selection Committee includes representatives from Pearl Buck Center and PeaceHealth SacredHeart Medical Center as well as state and local representatives from the OR Division of Vocational Rehabilitation, and the OR Department of Human Services.

When an assessment is submitted, the intern, parent, caregiver, counselor, personal agent, teacher or employer may be contacted by the Selection Committee to gather additional information. Our goal is to assist the intern to be successful in a ProjectSEARCH program, by teaching lessons that will allow him/her reach the outcome of competitive employment.

### How the Assessment Process assists the Selection Committee

1. Now that the interns have been identified, the Selection Committee will match the intern's skill set and interests with the appropriate ProjectSEARCH opportunity.
2. The lesson plans will be adjusted to reflect the needs of the incoming class based on this assessment.
3. Preparations will be made for any accommodations that are needed based on this assessment.
4. Information gathered from this assessment will aid the ProjectSEARCH staff in making the interns resume and assist with job development

You will find a list of documents and signed paperwork that needs to be returned to the ProjectSEARCH office. All materials are due prior to the first day of the program start in order to participate in the program. You can mail or fax t or deliver he packet to the address below. We recommend mailing it no later than **May 29, 2017** to ensure that it is received in time. If you have any questions about anything, please don't hesitate to call Leauriy Polk, Program Coordinator-(541)337.3042

ProjectSEARCH Attn: Leauriy Polk  
Pearl Buck Center, 3690 W. 1st Avenue  
Eugene, Oregon 97402

## ProjectSEARCH Intern Guidelines:

- Complete a nine month unpaid internship with three job rotations within PeaceHealth SacredHeart Medical Center RiverBend or the University District
- Attend the program every day for 7 hours per day (e.g. 8:30 am—3:30 pm ), Monday through Friday
- Understand that the ProjectSEARCH program correlates with the Pearl Buck Center holiday calendar
- Call ProjectSEARCH instructor and departmental supervisors when absent or tardy
- Make up any time missed due to excused absences
- Provide own transportation to PeaceHealth SacredHeart—RiverBend or University District (school buses will not provide transportation and RideSource will not be a viable option)
- Learn to use public transportation
- Follow all the policies and procedures established by the program and PeaceHealth
- Dress according to the dress code and uniform requirements of ProjectSEARCH, PeaceHealth and/or the specific rotation
- Attend a Benefits Meeting with family/support staff to learn how working affects SS/SSI benefits
- Attend quarterly Employment Planning Meetings with PS Instructor, PS Skills Trainers, VR counselor, Support Coordinator and family supports. Be an active participant and communicate any issues at the meetings which will be held at least twice during the internship and led by the intern
- Understand that the desired outcome for ProjectSEARCH is full/part-time paid employment in the community.
- Actively pursue employment

\*The intern will be asked to sign the ProjectSEARCH contract contained in this packet.

## Recruitment Timeline for the 2017 - 2018 Program Year

- ◆ May 16, 2017 - Acceptance letters and Assessment & Consent Agreement Forms Packets mailed
- ◆ May 17, 2017 - Division of Vocational Rehabilitation Services & Division of Developmental Disabilities Counselors open eligible cases.
- ◆ **June 1, 2017 - Assessment & Consent Agreement Forms Packet due**
- ◆ June 5, 2017 - Handbooks given out once Assessment Packets are returned
- ◆ August 22, 2017 - New Interns and families attend Welcome & Orientation Day Event
- ◆ September 11—22, 2017 - ProjectSEARCH Orientation
- ◆ September 25, 2017 - Program Begins and follows Pearl Buck Center holiday Calendar

## ProjectSEARCH Assessment Packet Checklist

**\*PLEASE NOTE\***

**ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR THE ASSESSMENT TO BE CONSIDERED COMPLETE. ONCE ASSESSMENTS ARE RECEIVED HANDBOOKS WILL BE SENT OUT.**

**IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE SPEAK WITH YOUR TEACHER, COUNSELOR OR SUPERVISOR.**

- ProjectSEARCH Assessment** (Front cover page and pages 9-37)
- Copy of Social Security Card**
- Copy of Current State of Oregon Identification card or Driver's License**
- Food Handler's card** —(If you do not have one we will obtain one during orientation)
- Signed and dated PeaceHealth Volunteer Application**
- Signed and dated ProjectSEARCH Agreement**
- Signed and dated Intern Agreement for PeaceHealth**
- Signed and dated Intern Confidentiality Agreement**
- Signed and dated Emergency Medical Form**
- Copy of Immunization Records**—(these are needed in order to work in certain areas of the hospital)
- Signed and dated Media Release**
- Signed and dated ProjectSEARCH Technology Acceptance Agreement**
- Signed and dated PeaceHealth dress code**

**Please return the front cover along with pages 9-37**

**Return completed Packet to:**

**Pearl Buck Center:**

Attention—Lorie Polk, ProjectSEARCH Coordinator

3690 W. 1st Ave.,

Eugene, OR 97402

(541) 337.3042 Cell

(541) 484.0886 Fax



Telephone (541) 484.4666  
Fax (541) 484.0886  
[www.pearlbuckcenter.com](http://www.pearlbuckcenter.com)  
3960 W. 1st Avenue \*Eugene, Oregon 97402

## ProjectISEARCH Interest & Skills Assessment

### Dear ProjectISEARCH Intern:

Please fill out the checklist, to insure you have all of the necessary paperwork completed and return to Pearl Buck Center. Once we receive your paperwork we will send out or deliver your Project-ISEARCH Handbook for you to study before the start of the program.

Please keep in mind that this assessment is determine what areas we will need to address prior to the program or where we will need to focus on during the classroom portion of the program. Please answer as truthfully and accurately as possible.

If you need help, please ask your teacher or parent/support staff. Fill out each section fully and completely with the best information about your self and your skills that will help us learn more about you. If someone else helps you, ask them to write down the answers in your own words.

***The ProjectISEARCH Staff***









## ProjectISEARCH ASSESSMENT

### A. Commitment to Community Employment

Check all boxes that apply

- I want to get a job (20 hours or more per week)
- My family/support staff supports my goal of competitive community employment
- I have an original Social Security Card
- I have a State ID or a Driver License as a picture ID
- I can pass a pre-employment drug screen
- I can pass a criminal background check
- I can be contacted through an answering machine or voice mail which has a business like greeting
- I have a businesslike email address that I check at least weekly
- I receive SSI and/or SSDI or other forms of public assistance
- I have had a benefits analysis and/or I understand the impact of earned income on my benefits

### Attendance

Check the box that applies

- I have had no absences or tardies within the past school or work year
- I have had 1-5 absences or tardies within the past school or work year
- I have had 5-10 absences or tardies within the past school or work year
- I have had 10 or more absences or tardies within the past school or work year
- I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visits (more than 20 days)

If yes to 10 or more days, Please give reason why you have missed so much school or work

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## Project|SEARCH ASSESSMENT

### B. Independent Daily living and Self Care Skills

**Circle the number that most closely matches your competency.**

I am independent in daily living and self-care skills

On a scale of 1-5 (1 being not very good/competent and 5 being very good/competent) how competent are you in each of these areas:

	(-) Not Very Good/Less Competent		(+) Very Good/Competent		
Cooking and nutrition	1	2	3	4	5
Budgeting	1	2	3	4	5
Handling Money/making change	1	2	3	4	5
Taking Medication	1	2	3	4	5
Toileting	1	2	3	4	5
Daily Bathing , grooming & oral hygiene	1	2	3	4	5
Appropriate amount of sleep for school/work schedule	1	2	3	4	5
Grocery Shopping	1	2	3	4	5
Daily chores around the house & yard	1	2	3	4	5
Time Management	1	2	3	4	5

## Project|SEARCH ASSESSMENT

**Circle the number that most closely matches your competency.**

I need assistance with the following (from a parent/teacher/guardian/care giver)

On a scale of 1-5 (1 being need more help and 5 being don't need much help) how much assistance do you require in each of these areas:

	(-) I Need a lot of help		(+) I Don't need much help		
Cooking and nutrition	1	2	3	4	5
Budgeting	1	2	3	4	5
Handling Money/making change	1	2	3	4	5
Taking Medication	1	2	3	4	5
Toileting	1	2	3	4	5
Daily Bathing , grooming & oral hygiene	1	2	3	4	5
Appropriate amount of sleep for school/work schedule	1	2	3	4	5
Grocery Shopping	1	2	3	4	5
Daily chores around the house & yard	1	2	3	4	5
Time Management	1	2	3	4	5

## Project|SEARCH ASSESSMENT

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### C. APPEARANCE AND PROFESSIONAL PRESENTATION

Check all boxes and areas that apply

- I arrive at school and/or work daily with:
  - \_\_\_ Clean and combed hair
  - \_\_\_ Clean clothing and underwear
  - \_\_\_ Brushed teeth/oral hygiene
- I arrive at school and/or work with a lunch that I have prepared or have money to buy a lunch
- I wear appropriate clothing for the weather
- I wear appropriate clothing for the school/work environment
- I follow the school/work dress code
- I will follow the designated dress code of my employer including rules on:
  - \_\_\_ Appropriate clothing
  - \_\_\_ Shoes
  - \_\_\_ Facial hair
  - \_\_\_ Facial and body piercings
  - \_\_\_ Tattoos
  - \_\_\_ Jewelry
  - \_\_\_ Fingernail polish, length and cleanliness
  - \_\_\_ Perfume



**D. TRANSPORTATION**

**Check all boxes that apply**

- I have reliable transportation to get to work
- I have my own car, driver license and insurance
- I know how to use public transportation
- I'm willing to learn to use public transportation
- I use a door-to-door or para-transit system independently and can make my own appointments
- I use a door-to-door or para-transit system and a family member/other person helps to make the appointments
- I have a family member/staff who is willing to provide on-going transportation
- I am eligible for transportation assistance
- Other transportation options \_\_\_\_\_

**E. APPROPRIATE SOCIAL AND BEHAVIOR SKILLS**

**Check all boxes and areas that apply**

- I do not engage in flirting, inappropriate touching or public displays of affection such as hugging, holding hands, or kissing
- I do not swear or use profanity in a school or work setting
- I show respect to my peers and adults
- I do not take food/belongings from others
- I work cooperatively with others
- I accept correction and criticism without a negative reaction
- I have lost my temper in a school or work environment
- I have displayed aggressive behavior in a school or work setting
  - \_\_\_ Screaming or yelling      \_\_\_ Spitting      \_\_\_ Fighting
  - \_\_\_ Hitting/Punching      \_\_\_ Kicking





## F. INTERPERSONAL COMMUNICATION

Check all boxes and areas that apply

- I respond when someone speaks or asks questions
- I make eye contact
- I use an appropriate tone of voice
- I use appropriate volume in school, work, bus environments
- I engage in appropriate conversation in a school or work environment
- I use appropriate body language in the school or work environment
  - \_\_\_ No inappropriate hand gestures
  - \_\_\_ Sitting appropriately in a chair/posture
  - \_\_\_ Respecting personal space
- I use a cell phone and electronic equipment (iPod, MP3 player, CD player, Bluetooth, etc..) appropriately according to the school or business policy including refraining from talking and answering the phone, texting and listening to music at appropriate times.

## G. VERBAL COMMUNICATION

Check all boxes that apply

- I am easily understood by others
- I sometimes have trouble getting my message across to others
- I use adaptive equipment to communicate
- I am willing to learn to use adaptive equipment to communicate if appropriate
- I use an interpreter and/or use sign language to communicate
- I talk about appropriate topics for who I am talking to
- I talk about the same topics over and over again



## H. RECREATIONAL ACTIVITIES

Check all boxes that apply

I participate in organized group activities:

Sports \_\_\_\_\_

Band

Choir

Theatre

Scouts

Church youth group

Community recreation and/or Special Olympics

Computer or electronic games \_\_\_\_\_

Other \_\_\_\_\_

I like to exercise on my own ( walking, running biking etc.)

I exercise \_\_\_\_\_ each week for at least \_\_\_\_\_ minutes each time.  
# of times/week # of minutes each time you exercise

I like sit-down activities such as:

Check all boxes that apply

Computer or electronic games

Watching television

Reading

Scrap booking

Writing

Knitting

Other \_\_\_\_\_

I have the following hobbies:

\_\_\_\_\_

\_\_\_\_\_



**I. PHYSICAL LIMITATIONS:**

**Check all boxes and areas that apply**

- I have difficulty walking
- I need to use the following to help me walk/navigate:
  - \_\_\_ Cane
  - \_\_\_ Walker
  - \_\_\_ Wheelchair
  - \_\_\_ Scooter
  - \_\_\_ Other \_\_\_\_\_

- I have limited use of my arms and/or hands
- I have other physical limitations that may affect employment. Please list:

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**J. PRODUCTION RATE AND WORK QUALITY**

**Check all boxes that apply**

- At school/work, I get all my tasks finished on time and I turn things in by the due date
- At school/work, it is difficult to get all my tasks finished or turned in by the due date
- At school/work, I get most of the tasks correct
- At school/work/home my chores or work is organized and neat







**K. EMPLOYABILITY SKILLS**

**Check all boxes that apply**

- I get to school/work or other appointments on time and independently
- After lunch or break, I get back to class/work on time
- I know how to tell and keep track of time
- I stay on a task until it is finished
- If I am interrupted, I can return to the task and finish it
- I am comfortable handling money and making change
- I enjoy helping people
- I can access the necessary information to fill out a paper application
- I have experience in filling out an on-line application
- I know how to answer common interview questions
- I can tell my boss or co-workers ways that I learn best or tools that help me be a good worker

Please list ways that help you learn best or tools you use to be successful at school or on the job:

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**L. PRIOR WORK EXPERIENCE**

**Check all boxes that apply**

- I have worked at my school doing: \_\_\_\_\_
- I have volunteered at \_\_\_\_\_
- I do the following chores at home on a regular basis: \_\_\_\_\_
- I have never worked or volunteered
- I have attached my resume (Please attach a resume if you have one)





## M. ACADEMIC SKILLS

Check all boxes that apply

- My favorite subjects in high school were/are: \_\_\_\_\_
- I like to read books for pleasure. The last book I read was \_\_\_\_\_
- I use a calculator when I do math problems or for everyday use
- I like to read the newspaper and magazines for news, job hunting, and other information
- I like to write or keep a diary/journal

## N. COMPUTER/ELECTRONIC SKILLS

Check all boxes that apply

- I have basic keyboarding skills and use correct typing techniques
- I have basic keyboarding skills and use only two fingers (hunt & peck)
- I can use Microsoft Word to create letters and other documents
- I can use Microsoft Excel to create spreadsheets and other documents
- I can use Microsoft Publisher to create cards, newsletters, flyers and other documents
- I can use email correctly
- I can access the internet to get information, find services such as map quest and use various search engines
- I have and use a Facebook, Twitter, or Instagram account
- I use a computer to play games, watch TV shows, listen to on-line streaming programs/music, etc.
- I have no computer skills
- I use a cell phone to talk to others
- I use a cell phone for texting
- I use a cell phone to search the internet



Project | SEARCH\*





**O. PREPARER**

If this application has been completed by someone else other than the intern, please provide the following information and sign

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Phone Number Signature

\_\_\_\_\_  
Relationship to intern Date







## Project|SEARCH INTERN CONTRACT

I, \_\_\_\_\_, understand that I have been accepted into the Project-  
ISEARCH program and must abide by the following terms and conditions:

- ◆ I will complete at least three unpaid job rotations within the host business unless given permission from the Project|SEARCH staff
- ◆ I will attend the program every day from 8:30 am—3:30 pm, Monday through Friday
- ◆ I understand that the Project|SEARCH program is a **nine month** unpaid work experience training program
- ◆ I understand the Project|SEARCH program correlates with the Pearl Buck Center holiday calendar
- ◆ I will dress appropriately and wear required attire
- ◆ I will call my department supervisor **and** PS instructor when I am absent or tardy
- ◆ I understand that I am responsible for transportation to the host site
- ◆ I will follow all the rules established by the program and host business
- ◆ I will attend quarterly planning meetings with my rehabilitation counselor, parents/caregivers, PS staff and business staff
- ◆ I will be an active participant and communicate any issues at our quarterly meetings
- ◆ At completion of the program, I will receive a program completion certificate
- ◆ I will actively pursue employment of 20 hours or more, with assistance from the PS staff
- ◆ I have read the above terms and conditions and agree to accept my placement in the Project|SEARCH program. I understand that I may be asked to leave Project|SEARCH if I fail to follow the terms and conditions

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Intern Name (Printed)

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Intern Signature

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Date





## Intern Agreement for PeaceHealth

I understand that I am entering an internship at PeaceHealth Oregon Region in the role of an intern.

I understand acknowledge and agree to the following:

- I will not receive or expect any wages, salary, benefits or other compensation/remuneration from PeaceHealth for my internship.
- I have the responsibility to refuse to perform any tasks that I feel might physically or mentally endanger/injure another or myself.
- PeaceHealth will provide insurance liability coverage that protects me in the event I am sued because of my designated activities as an intern and I am acting within the scope of those designated activities.
- I need to review my personal insurance policies to determine if those policies will cover me in the event of an injury or occupational disease. PeaceHealth does not provide additional insurance coverage for my protection from injury or occupational disease while I am offering my services as an intern.
- The Department of Volunteer Services and ProjectISEARCH reserves the right to separate me from my internship status when that action is in the best interest of the volunteer and/or PeaceHealth. Such separation could result from continues absence or tardiness without notification, inability to work cooperatively with other interns, volunteers, or staff, unsatisfactory work, inappropriate interactions involving patients or physicians and/or violation of PeaceHealth policies and regulations.
- I release PeaceHealth and ProjectISEARCH from any and all claims, liability, costs, or other obligations due to any activities I perform that are not the designated tasks for my internship assignment. I also release PeaceHealth and ProjectISEARCH from any claims, liability, or costs related to any injury I receive while performing the designated activities of my internship assignment.

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Printed Name

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Signature

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Date







## Intern Confidentiality Agreement

It is important to recognize that protected health information (PHI) includes medical records related to a patient's past, present and future care and treatment as well as billing records related to that care which contains any of the following identifiers:

- Names
- Geographic subdivisions smaller than a state
- Telephone/fax numbers
- E-mail addresses
- Social Security Numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- All elements of dates related to individual
- Certificate/license numbers
- Vehicle identifiers/serial numbers
- Device identifiers/serial numbers
- URL's
- Internet protocol address number
- Biometric identifiers (finger/voice prints)
- Full face photo image
- Any other unique identifying number, characteristic, or code

**I understand that PeaceHealth SacredHeart Medical Centers (here and after referred to as Facilities) has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient protected health information ("PHI") and to safeguard the privacy of patient and the facilities information. In addition, I understand that during the course of my affiliation as an inter/faculty with the Facilities, I may see or hear other Confidential information such as financial data and operational information that the Facilities are obligated to maintain as confidential.**

The term of this Confidentiality Agreement is from \_\_\_\_\_, 201\_\_, through \_\_\_\_\_, 201\_\_, the length of my clinical rotation at either Facility.

As a condition of my affiliation as an intern and/or precepting faculty member with the Facilities, I understand that I must sign and comply with this Agreement.

I will use and disclose PHI and/or Confidential Information only if such use or disclosure complies with the Facilities Policies and Procedures, and is required for the performance of my responsibilities as an intern or precepting faculty in the care and treatment of patients. The use and disclosure of PHI and/or Confidential Information for the purpose of care and treatment of patients does not include the use or disclosure of PHI and/or Confidential Information for educational endeavors such as writing educational reports for my course of study, engaging in seminars and presentations in the educational setting.



My personal access code(s), user ID(s), access key(s) and password(s) used to access Facility computer systems or other equipment are to be kept confidential at all times.

Since the use of PHI and Confidential Information include access, I will not access or view any PHI or Confidential Information other than what is required to perform my responsibilities as a student and/or precepting faculty in the care and treatment of patients. If I have any questions, I will immediately ask my precepting faculty or the Privacy Officer of the Facility for clarification.

I will not discuss any information pertaining to patient PHI or the Facilities in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeterias, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any PHI or Confidential Information in public areas even if specifics such as patient's name are not use.

I will not make inquires about any PHI for any individual or party for whom I am not authorized to have such information as a part of my involvement in patient care and treatment. I addition I will not ask other persons to obtain PHI or Confidential Information knowing that that person does not have the authority to access such information on my behalf.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, or modifications of PHI or Confidential Information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring PHI or Confidential Information from the Facilities' computer systems to unauthorized locations (for instance, my home, school, or program computer).

Upon termination of my affiliation with the Facilities, I will immediately return all property (e.g. keys, documents, uniforms, ID badges, etc.) to my precepting faculty and the Facilities. **I understand that it is my obligation to return all patient PHI to my precepting faculty and the Facilities upon completion of my intern rotations at the Facilities. Faculty are responsible for the destruction of PHI, whether hard copy or electronic.**

I agree that my obligations under this Agreement regarding PHI and Confidential Information will continue after the termination of my affiliation with the Facilities.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my affiliation with the Facilities and/or suspension, restriction or loss of privileges in accordance with the Facilities Policies and Procedures, as well as potential personal civil and criminal legal penalties.

I understand that any PHI or Confidential Information that I access or view at the Facility does not belong to me.

I am aware that the Facilities reserve and intends to exercise the right to review, audit, intercept access, and



act upon inappropriate use of the Facilities computer systems at any time, with or without user notice and that such access by the Facilities may occur during or after working hours.

The intent of the Agreement is to ensure that interns and their faculty preceptors comply with HIPPA Regulations and the Facilities Privacy Policies and Procedures.

I have read the above Agreement and agree to comply with all its terms as a condition of my continued affiliation with the Facilities.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature







## Project|SEARCH EMERGENCY MEDICAL AUTHORIZATION

Intern Name \_\_\_\_\_ Telephone no. \_\_\_\_\_

Address \_\_\_\_\_

High School \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_\_\_

Custodian/Guardian \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ other

Mother/Guardian \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Purpose: to enable parents and guardians to authorize the provision of emergency treatment of individuals who become ill or injured while under program authority, when parents and guardians cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby give my consent for the following medical care providers and local hospital to be called

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

This authorization does not cover major surgery unless the medical options of the two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery



Please list facts concerning the intern's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted:

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Signature of Intern Date

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Signature of Parent or Guardian Date

### **REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment. In the event of an illness or injury requiring emergency treatment, I wish the Program administration take no action or to/for:

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Signature Date









Project | SEARCH®

## Project|SEARCH-PeaceHealth-Pearl Buck Center

### NETWORK ACCEPTANCE USE INTERN AGREEMENT

**I agree to use the Network in the way it is intended and not engage in any inappropriate manner and to cooperate in any investigations regarding security issues and/or improper or illegal uses of the technology. I understand that my use of the Network may be monitored. By signing below, I agree to indemnify and hold harmless Project|SEARCH, PeaceHealth, and/or Pearl Buck Center its administrators, teachers, employees and Board members, from any claims or damages arising as a result of or in connection with my failure to follow policies regarding use of the Network.**

I understand that any violation of this Policy may result in disciplinary action, including but not limited to restriction or termination of access to the Network, and/or other discipline in accordance with the Intern Code of Conduct. Violations also may be referred to the appropriate legal authorities and/or legal action may be pursued.

\_\_\_\_\_  
Intern Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

If the intern named above is under 18 years of age, a parent or legal guardian must complete the following:

#### Parent/Guardian Permission Form

**As a parent or legal guardian of the minor intern signing above, I grant permission for my daughter/son/ward to access technologies, including networked computer services such as electronic mail and the internet. I understand that some accessible materials may be objectionable, and I accept responsibility for setting and conveying standards for my daughter/son/ward to follow when selecting, sharing, or exploring information and media.**

I understand that personal information about my daughter/son/ward may be released to appropriate entities, as the District deems necessary, in its sole discretion, to avoid immediate danger or physical harm to persons or property, or to report possible crimes to legal authorities.

By signing below, I agree to indemnify and hold harmless the Project|SEARCH, PeaceHealth and/or Pearl Buck Center, its administrators, teachers, employees and Board members, from any claims or damages arising as a result or in connection with child's/ward failure to follow program policies regarding use of the internet.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Intern Date of Birth

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Date





## PeaceHealth SacredHeart Medical Center

### Dress Code Agreement

PeaceHealth SacredHeart Medical Center maintains high standards in personal appearance, dress, health and hygiene, which apply to all employees, volunteers, and interns. All PSHMC personnel have contact with the public and must be aware of an in compliance with the standards. Appearance should reflect a professional standard that supports a positive message of competence, safety, and friendliness, pride in who we are and pride in the organization we represent.

- A. Because of varying departmental needs and services, departments may establish individual standards. However, cleanliness, safety and professional appearance must be consistently applied. Apparel should be in keeping with the professional atmosphere of the Medical Center and appropriate to the department and/or work of the wearer. Dress should not detract from or inhibit doing the work or be a distraction to the customer served.
- B. Apparel should be clean, pressed, properly sized and in good repair.
- C. Apparel should not be provocative or revealing. Appropriate undergarments are to be worn.
- D. Footwear (shoe and socks/stockings) are to be worn; they should be well-kept and should not contribute to accident or injury. Socks should match the color of your pants.
- E. Strong perfumes, aftershave lotions, hand/body lotions, and strongly scented hair products should not be worn in patient care areas.
- F. Hair should be clean and should be controlled so that it will not come in contact with patients during care. Makeup should be natural and conservative.
- G. Tattoos should not be visible.
- H. Apparel, including t-shirts, badges, signs or buttons, which advertise commercial products or express political, controversial or divisive viewpoints, are prohibited in patient care areas.
- I. Sleeveless, tops, sandals and shorts are not appropriate apparel.
- J. All employees must wear the PSHMC identification badge prominently displayed while on PSHMC property. Care must be taken to insure that names and departments are easily viewed. No stickers are to be placed on the ID badge that obstructs the name, title, department or photo.
- K. PSHMC will pay/provide for the uniform in those departments where employees are required to wear them. These requirements are based on the need to identify certain professions, to serve as identification for patients, public or other staff or to address infection control concerns. These departments must either provide and maintain the uniforms or compensate employees for purchase and maintenance. Upon termination, uniforms owned by PSHMC, but not returned, will require a payment of \$25.00 from the intern.

Where the usual and customary professional practice is to wear a uniform, the employee shall be individually responsible for its upkeep.

M. Scrub attire worn in areas where it is required by regulatory standards will be purchased and maintained by PSHMC. These areas include: Operating Room, Same Day Surgery, Anesthesia Clinic Support & Sterilization, and Special Procedures in Radiology.

Interns required to wear scrub attire will be required to change into that attire at PSHMC. These Interns will not leave the premises in scrubs under any circumstances. Interns who are required by regulatory standards to wear scrubs may only wear those scrubs currently provided and laundered by PSHMC. These scrubs will be designated color.

N. Individuals and departments that are not required by regulatory standards to wear scrub attire should **Avoid** purchasing scrubs in the designated color of the hospital laundered scrubs. However, are allowed to purchase their own scrubs in other colors or designs if desired.

O. Employees whose clothing is splattered/soaked by blood/body fluids should refer to the Infection Control Policy, Standard Precautions.

**The following items are considered inappropriate dress in all areas:**

- Tank tops, undershirt tops, halter tops, sweat pants, wind suits, cut-off shorts, leggings with shirt top.
- Shoes, which do not cover the tops, as is appropriate for safety or the functions of the work required.
- Casual wear shorts or very short skirts, low cut tops, short cropped tops.
- Dangling or hoop jewelry and excessive numbers of finger rings or earrings for personnel with direct patient contact.
- Facial jewelry including nose/tongue/chin studs, eye brow hoops.
- Excessively long finger nails for personnel with direct patient contact or other positions where infection control is an issue.
- Artificial nails are prohibited for personnel with direct patient contact.

I have read the above "PSHMC dress code" and I have been offered the opportunity to ask questions to clarify any parts therein.

I understand the policy applies at my work site, classroom, or an off-site location related to ProjectISEARCH, or PeaceHealth Medical Center or the University District campus.

I understand that all references to "employee" apply to me as an intern.

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Intern Name (Printed)

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Signature

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Date Signed



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