"Giving a Touch of Hope..."

#### MISSION STATEMENT

The mission of New Hope Free Clinic is to provide the utmost in competent, high quality, wellness oriented, culturally attuned basic primary Medical and Dental Services in a loving and caring environment to underserved and uninsured families and individuals regardless of their ability to pay and living in the Inland Valley region of San Bernardino and Riverside counties.

Phone: 909-748-5408

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**Dr. Hong Dang Bui, M.D.** Graduate of Saigon Medical School, Vietnam. Trained at Loma Linda University, Cedars-Sinai, and Harbor-UCLA Medical Centers. Worked at Loma Linda University Medical Center and Patton State Hospital.



Marcella Hardy-Peterson is the Clinical Administrator at New Hope Free Clinic. She has been active in laying the ground work for New Hope Free Clinic. She started with The Blessing Center seven years ago providing blood pressure screening and education. She has practiced OB/GYN at Beaver Medical Clinic for over twenty years. She treats women as a whole, addressing the mind, body and soul needs of patients. She is very active in the academic world. She precepts nurse practitioner and physician assistant students on an ongoing basis. She is a professor at University of Phoenix nursing programs, also adjunct professor with Loma Linda University Allied Health Program.

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#### **VOLUNTEER INTEREST FORM**

Date	Phone Number				
Name	Cell Number				
Address	Email				
City	Language:				
Areas of Interest:					
Current Health Care Affiliation					
Facility:	City				
Please check one or more of the following:					
☐ M.D. Specialty ☐ D.D.S. Specialty					
□ N. P. □ R.N. □ L.V.N. □ P.A. □ M.A. □ Dental Assistant					
☐ Dental Hygienist ☐ Medical Assistant ☐ Clerical / Office ☐ Other					
Please Specify					
POTENTIAL AVAILABILITY					
Days:   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday					
Hours:  Morning  Afternoon  Evening					
☐ Weekly ☐ Bi-Monthly ☐ Monthly					

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### REQUIRED LICENSES / CERTIFICATES

Curriculum Vitae
Work Resume
Professional Medical or Dental License
Medical or Dental Certifications
Copy of valid Driver License or Photo I.D.
CPR Card
Two Personal References
Any Additional Pertinent Certifications

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### **Medical Services**

#### DELINEATION OF ACTIVE MEDICAL/SURGERY PRIVILEGES

(TYPE OR PRINT)					
Required Criteria					
Copy of Current California Medical License.					
Continuing Medical Education as required by the California Medical Association and the Medical Board of California, and Continuing Medical Education related to Clinical Privileges to be exercised.					
Privileges Requested	Criteria	Approved	Denied		
(Check Applicable Privileges Below)		Approveu	Demeu		
Diagnosis and treatment of general medical condition not requiring acute hospitalization or specialized care.	Meet criteria a, b				
Consultations whenever required.					
2. Minor surgeries such as laceration repair, incision and drainage, excision biopsy.	Meet criteria a, b				
3.	Meet criteria a, b				
I certify that I have had the necessary training and experie	nce to perform the spec	cific privileges I h	ave requested.		
Applicants signature		Date			

APPLICANT'S NAME:

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### **Hepatitis B Vaccine Waiver Form**

Hepatitis B is a serious disease caused by the hepatitis B virus (HBV) that attacks the liver and can be spread to others. The Center for Disease Control (CDC) recommends that workers who perform tasks that involve exposure to blood or blood-contaminated body fluids should be vaccinated. Consequently, the majority of health care agencies require all workers who may be at risk to be vaccinated. In addition, health care agencies used as clinical practice sites require hepatitis B immunity for all health science students. If you have not received the recombinant hepatitis B vaccine and are a health science student, your placement for clinical practice could be affected.

#### What is Hepatitis B?

Hepatitis B is contagious liver disease that results from infection with the hepatitis B virus and means inflammation of the liver. It can range in severity from a mild illness lasting a few weeks to a serous, lifelong illness. Hepatitis B is usually spread when blood, semen, or another body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other drug-injection equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B can be either acute or chronic. Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. Acute infection can—but does no always—lead to chronic infection. Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Chronic hepatitis B is a serious disease that can result in long-term health problems, and even death.

The best way to prevent hepatitis B is by getting vaccinated. This information has been taken from the Center for Disease Control website. We encourage volunteers to visit **www.cdc.gov** to receive more information about hepatitis B before signing this waiver.

#### VOLUNTEER RELEASE UPON REFUSAL OF IMMUNIZATION AGAINST HEPATITIS B

I understand that it is recommended that all New Hope Free Clinic volunteers who do not have evidence of immunity to Hepatitis B virus receive the Hepatitis B vaccine. The recombinant B vaccine is a genetically engineered vaccine derived from the hepatitis B surface antigen produced in yeast cells (common baker's yeast). I understand that if I have an allergy or sensitivity to yeast, I should not receive the vaccine. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease, I, also, understand that the majority of clinical placement sites are requiring evidence of Hepatitis B virus immunity before accepting volunteers for clinical practice and I acknowledge that, if I do not have evidence of HBV immunity, my placement for clinical practice may be affected (if applicable).

Despite the risks described above, I request that my refusal be honored, and I hereby release New Hope Free Clinic, its officers, trustees and agents as well as any clinical agency in which I practice due to any volunteer from any and all liability that may arise directly or indirectly as a result of my refusal of the Hepatitis B vaccine.

I, (please print name),					
refuse or am in the process of completing the series of Hepatitis B vaccinations, I understathe series is completed.	nd the risks as stated above apply until				
Signature of Volunteer	Date				

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