Volunteer Services
1250 16th Street Room 237 T
Santa Monica, CA 90404-9831
(310) 319-4614 phone
(310) 319-4519 fax
www.healthcare.ucla.edu/shared/volunteering/sm

UCLA Healthcare is committed to a policy of equal opportunity for all applicants for volunteer positions and for all volunteers. UCLA Healthcare 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.

Date: ______ / ______ / ______

(Circle title) Mr. Ms. Mrs. Dr.
Name (Please Print)
Last: ___________________________ First: ___________________________ Middle: ___________________________
Gender (circle one) M / F Nickname: ___________________________

Street address: ___________________________
City: ___________________________
Apt. #: ___________________________
State: ___________________________
Zip Code: ___________________________
Phone # (with area code): ( ) - ___________________________
Cell Phone # (with area code): ( ) - ___________________________
e-mail address: ___________________________@_________________________

Birth date
Month: ______ Day: ______ Year (optional): ______

Present employer:
Position: ___________________________
Employer address/City/Zip code: ___________________________
Phone #: ( ) ___________________________

Emergency contact:
1. Name: ___________________________
   Relationship: ___________________________
   Telephone Number ( ) - ___________________________
2. Name: ___________________________
   Relationship: ___________________________
   Telephone Number ( ) - ___________________________

Have you ever been convicted of a felony or misdemeanor (excluding 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?  Yes ______ No ______
If yes, please explain.

Name of local reference (not a relative):
Phone #: ___________________________

Driver’s License Number: ___________________________

What are your reasons for volunteering?
<table>
<thead>
<tr>
<th>Previous volunteer experience:</th>
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<tbody>
<tr>
<td>Foreign languages:</td>
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<tr>
<td>--------------------------------------------------------</td>
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<tr>
<td>Are you currently attending school? Yes _____  No ______</td>
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<tr>
<td>If yes, school name and location:</td>
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<tr>
<th>Day(s) of week you prefer to volunteer:</th>
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<tbody>
<tr>
<td>The commitment is for one 4-hour shift, once a week (we gratefully accept more time if you want to!) Select days and times for you.</td>
</tr>
<tr>
<td>Sun ___  Mon ___  Tue ___  Wed ___  Thu ___  Fri ___  Sat _____</td>
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<tr>
<td>Times available: AM _____  PM _____  Evenings _____</td>
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<tr>
<td>Assignment preferred:  Clinical _____  Non-clinical _____</td>
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**VOLUNTEER AGREEMENT AND CERTIFICATION OF INFORMATION**

Believing that UCLA Healthcare has need of my services as a volunteer, I agree:

1. To hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, families, physicians, or personnel. I agree that I will not seek confidential information in regard to a patient.

2. That I am applying for an unpaid, volunteer position and not paid employment. I understand and agree that neither this volunteer application nor the acceptance or performance of a volunteer position constitutes an employment relationship or a contract of employment. I further understand and agree that neither this volunteer application nor the acceptance or performance of a volunteer position constitutes a guarantee or promise of future employment.

3. That if I accept a volunteer position, I will have a duty to be familiar with UCLA Healthcare’s rules, standards, and policies as they now exist or as they may be modified, added to, or abolished in the future. I agree to comply with and follow these rules, standards, and policies.

4. To purchase and wear the designated volunteer uniform and ID at all times while volunteering in the medical facility.

5. I certify that the answers given by me to the foregoing questions are true and without omissions. I authorize UCLA Healthcare to investigate and/or verify any information relevant to my suitability as a volunteer.

6. Any person giving misleading or false information will be subject to immediate termination.

Applicant signature: __________________________ Date: ________________

**PARENT’S CONSENT**

For teen volunteers (ages 15-18), parental consent is required.

The information contained in this application is correct. I have reviewed and signed the Volunteer Orientation/Skills Record form, and 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 UCLA Healthcare.

Date: ________________  Signature: __________________________