

Please state your reasons for volunteering along with any of your special skills and qualities that would benefit our volunteer program. (Please do not exceed the allotted space.)

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

Are you currently attending school? Yes No If yes, name of school:
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What are your reasons for volunteering?

Previous volunteer experience:

Foreign languages:

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 Health System'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 the 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 youth volunteers (ages 15-17), parental consent is required.

The information contained in this application is correct. I 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, and to also obtain Live Scan Fingerprinting/Background Check prior to volunteering. I give permission for my daughter/son to receive all necessary tests and/or vaccinations, including TB tests, as part of her/his health clearance for volunteer work within UCLA Healthcare.

I understand the responsibility my son/daughter is taking on and will encourage his/her promptness and regular attendance as promised.

Parent signature: _____ Date: _____