

**UCLA People Animal Connection (PAC) Program- UCLA Volunteer Services**

**Ronald Reagan UCLA Medical Center**

**Erin Rice**

People Animal Connection (PAC)

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*UCLA Health System is committed to a policy of equal opportunity for all applicants for volunteer positions and for all volunteers. UCLA Health System 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: ____/____/____	UCLA Student ID# _____
(Circle title) Mr. Miss. Mrs. Dr.	
<b>Name:</b>	
Last: _____	First: _____ Middle: _____
Gender (circle one) M / F	
Age: _____	
Date of Birth: _____	
Assignment location (please circle one): Westwood or Santa Monica	
Volunteer Availability: _____	
_____	
T-shirt and Jacket size: _____	

<b>Permanent address:</b>	
Street Address: _____	Apt. #: _____
City: _____	State: _____ Zip Code: _____
Phone # (with area code): ( ) - _____	E-mail address: _____@_____
Cell phone# ( ) - _____	Birth date: Month: _____ Day: _____ Year: _____

Present employer: _____
Phone #: ( ) _____

Emergency contact: _____	Emergency phone #: ( ) _____
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Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_  
 Scarf Size (please circle one): S M L  
 CGC or any other obedience education? Y/N Date and Location: \_\_\_\_\_  
 Registered Therapy Team? Y/N Organization and Badge No. \_\_\_\_\_  
 Pet Partners Number and Expiration Date: \_\_\_\_\_  
 Pet Partners acceptance letter/email collected (please circle one) : Yes or No Date: \_\_\_\_\_  
 Private Vet form collected (please circle one): Yes or No Date: \_\_\_\_\_  
 Please describe why you think you and your dog would make a good team for the UCLA People-Animal Connection Program:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

**The Volunteer Services Department reserves the right to terminate a volunteer's privileges if such action is in the best interest of UCLA Health and/or the volunteer. Such termination could result from the failure to comply with general UCLA Health rules and regulations.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **People-Animal Connection Service Description**

Teams work with healthcare providers to provide opportunities for motivational, supportive, and/or therapeutic benefits to enhance quality of life. Areas for participation include inpatient units, outpatient clinics, as well as outpatient therapies. Physical therapy, occupational therapy, speech therapy, psychology, and emergency room activities are among those suitable for those activities.

### **ESSENTIAL DUTIES AND RESPONSIBILITIES:**

PAC teams assist a variety of nurses, doctors, and therapists (child life, physical, occupational, etc) while promoting teamwork and demonstrating care with sensitivity and respect. Volunteers also provide services as follows:

- Understand and exceed customer expectations
- Keep and maintain healthy dogs for use in the program
- Ensure dogs are physically and mentally sound and maintains registration with an approved pet therapy organization
- Ensure dog receives veterinary care and maintains medical records for hospital compliance
- Bathes/grooms dog within 24 hours of visit to the hospital
- Work with health care professional(s) to establish specific goals for the session when appropriate

### **REQUIRED QUALIFICATIONS:**

Dogs must pass behavioral screening tests and be registered with an approved pet therapy organization. The pet handler must have highly developed dog-training and handling skills. He/she must exhibit a strong bond with his/her dog, as well as an understanding of basic animal behavior.

### **Other qualifications include:**

- Must be able to carry out volunteer assignments independently
- Be committed to volunteer on a consistent basis (minimum of twice per month at hospital, not including special events)
- Must not assume any nursing duties, such as giving patients food or drinks or moving patients unless directed by a staff person
- Must not give personal number or ask for patient's phone or address, nor take a photo with their phone/device with any Protected Health Information
- Be friendly, courteous, and able to relate to all patients who may be under stress, and act as an active, supportive listener if a patient shares personal medical information
- Must abide by HIPAA laws
- Genuine interest in people and a desire to help patients and their families
- Sensitivity to the needs of others — patients, families, staff, other volunteers
- Willingness to follow hospital regulations
- Willingness to accept supervision
- Willingness to accept the limit of a volunteer's role
- Willingness to be flexible and adaptable

### **PREFERRED QUALIFICATIONS:**

- Bilingual skills

**PHYSICAL DEMANDS AND WORK ENVIRONMENT:**

The physical demands and work environment described here are representative of those that must be met by a volunteer to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Ability to stand, walk, stoop, squat/crouch, climb stairs, reach, twist/turn, pull, pus, lift up to 25 pounds, speak, hear, and grasp.

PAC volunteers must be able to control their dogs in any situation. Furthermore, the pet activities may include climbing stairs, repetitive movements, lifting their dogs and/or carrying supplies in tote bag.

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