

Please note, Volunteer Services will verify service hours and/or issue a certificate once the minimum commitment of 100 SERVICE HOURS has been met.

(Please Note: Merit and Bonus Hours are not part of the minimum.)

Volunteer Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Local Telephone _____ Email _____

AUTHORIZATION

I hereby authorize UCLA Health Volunteer Services to release my hours/certificate to:

Please check one: Self Other

If other, please state name _____ Relation to Volunteer _____

Address _____ City _____ State _____ Zip Code _____

Please indicate requested documentation/award:

Print-Out of Volunteer Hours _____ Certificate of Completion _____

100 Hour Pin (blue/gold) _____ 200 Hour Pin (gold stone) _____

300 Hour Pin (blue stone) _____ 400 Hour Pin (crystal stone) _____

500 Hour Pin (special pin) _____

Will you still be volunteering for UCLA Health? Yes No

If no, please attach Volunteer ID badge to this form. Or you can mail it to:

Volunteer Services Department
57 Westwood Plaza, Suite B791
Los Angeles, CA 90095

Signature (Type full name if filled electronically)

Date

Documentation/award will be mailed to address listed above; allow 2 weeks for processing.
Please submit to Bpadlog@mednet.ucla.edu