

This agreement is intended to represent the seriousness with which we treat our volunteers. Its purpose is to assure you of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience with UCLA a productive and rewarding one.

UCLA HEALTH

We, Volunteer Services, agree to accept the services of _____ beginning on (today's date) _____, and we commit to the following:

1. To provide adequate information, training and assistance for the volunteer to be able to meet the responsibilities of Volunteer Services.
2. To ensure supervisory support and to provide feedback on the volunteer's performance.
3. To be receptive to any comments from the volunteer regarding ways in which we might better accomplish our respective tasks.

THE VOLUNTEER

I, _____, agree to serve as a UCLA Health Volunteer and commit to the following:

1. To perform my volunteer duty to the best of my ability.
2. To complete all requirements (health and Live Scan) as outlined by Volunteer Services before beginning volunteering.
3. To be punctual to those shifts for which I am scheduled. In case of a conflict, I will be responsible for notifying a supervisor, and scheduling an alternate shift ahead of time. I will provide advance notice to my assigned department and Volunteer Services in case of leave of absence.
4. To conduct myself with the utmost professionalism, and to abide by UCLA Health CONFIDENTIALITY Agreement, and HIPAA Privacy Standards.
5. To adhere to Volunteer Services policies and procedures, including signing in and out, for time commitment (100 hours) and attendance.
6. To observe the guidelines of the volunteer dress code. This includes: volunteer jacket, khaki pants, white closed-toe shoes, and I.D. Badge to be displayed at all times above the waist. **ABSOLUTELY NO JEANS.**
7. To notify the Volunteer Office any difficulties or conflicts that may arise.

Volunteer Signature

Date

Volunteer Coordinator Signature

Date