

I, \_\_\_\_\_, have completed, signed and understand the below mentioned required documents/training and am ready to begin my volunteer assignment with UCLA Health.

- HIPAA Training & Confidentiality Agreement
- Elder, Child and Domestic Abuse Forms
- Online training covering:
  - CICARE
  - Safe Patient Handling
  - Radiation Safety
- Dress Code
- "Training Materials" including:
  - Volunteer Responsibilities & Commitment
  - Volunteer Hours
  - Adding-on and/or Switching volunteer assignments
  - Health Clearance and Universal Precautions
  - Incident/Event Reporting
  - Infection Control
  - Emergency/Overhead Pager Codes
  - Leave of Absence
  - Volunteer Deactivation/Termination
  - Returning Volunteer Badge upon program completion
- Sexual Harassment
- Volunteer Assignment Description

---

Signature

---

Date