

Dear Volunteer Services Pre-Assigned Coordinator,

I, \_\_\_\_\_, invite \_\_\_\_\_  
**(Supervisor/Coordinator)** **(Volunteer Name-Legal Name)**

to volunteer in the \_\_\_\_\_ department  
**(Department Name)**

in the \_\_\_\_\_ in suite # \_\_\_\_\_ and will volunteer \_\_\_\_\_ to \_\_\_\_\_.  
**(Building Name)** **(Room #)** **(Start Date)** **(End Date)**

Volunteer duties will include (please be as specific as possible):

- a.
- b.
- c.
- d.
- e.

***I, said supervisor/coordinator, understand that by inviting said volunteer, am aware that:***

- volunteer should not be involved in direct patient care or clinical care
- physician shadowing and observing is not permissible per UCLA Health policy
- volunteer cannot perform tasks that require a license or certification
- according to California Labor Laws, volunteer should not volunteer more than 6 hours per day and no more than 20 hours per week
- volunteer cannot displace a paid position
- volunteer service should not be used as a formal trial period for permanent employment
- volunteer should not have any expectation of pay during the experience or a guaranteed job after the program ends
- volunteer should be performing duties that are more routine in nature, and not duties which require a judgement call
- volunteer should be supplementary in nature (not responsible for an entire function that the department continually depends on)
- duties should not conflict with the overall policy (i.e. operating heavy machinery, driving as part of their duties)
- I am responsible to train said volunteer about department specific policies and will ensure volunteer is aware of HIPAA compliance
- I am responsible to reinforce UCLA Health CICARE guidelines and dress code including the proper displaying of volunteer's UCLA Health volunteer ID badge
- should volunteer request any letter of recommendation or reference, that ME, not Volunteer Services, may be asked to fulfill this invite

Sincerely,

\_\_\_\_\_  
**Supervisor/Coordinator (Signature)**

\_\_\_\_\_  
**Volunteer Name (Legal Name)**

\_\_\_\_\_  
**Supervisor/Coordinator (Print)**

\_\_\_\_\_  
**Volunteer Email**

\_\_\_\_\_  
**Supervisor/Coordinator Email**

\_\_\_\_\_  
**Volunteer Phone**

\_\_\_\_\_  
**Supervisor/Coordinator Phone or Ext.**

\_\_\_\_\_  
**Volunteer Birthday**

Date Received:

**Male** OR **Female** (check one)

**Past or present UCLA student OR employee?** Yes or No (check one)