

This agreement is intended to represent the seriousness with which UCLA Health treats 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. The volunteer must initial and sign this agreement as an act of understanding and agreement to the guidelines of being volunteers.

THE VOLUNTEER:

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

**Volunteer's
Initials**

1. To complete all requirements (health, background check, and orientation) as outlined by UCLA Health Volunteer Services before beginning volunteering. I will notify my supervisor if my clearance process is not completed, delayed, or will no longer complete the process due to personal reasons. I understand that I will not volunteer or enter the facilities to perform any of my duties until I am cleared.

2. To adhere to UCLA Health Volunteer Services policies and procedures:
a. To record all volunteer service hours by signing in and out of the computer kiosk or logging in volunteer hours via VicNet.
b. To complete the time commitment of 50 hours for each assignment before requesting a new assignment and a total of 100 hours for entire program.
c. To be punctual for my scheduled shifts. I will provide advance notice to my assigned department and Volunteer Services in case of leave of absence.
d. To conduct myself with the utmost professionalism, and to abide by UCLA Health CONFIDENTIALITY Agreement, Patent Agreement, and HIPAA Privacy Standards.

i. If I am granted *Care Connect* (View Access permitted only) access or any type of clinical/identifiable data access, I will only view/access information necessary for my assignment role/duty. I will complete all necessary training in regards to medical/research record access and inform my supervisor if I not been trained for this task or indicate that the task has not been approved by Volunteer Services.
ii. I understand that if I am involved with research containing intellectual property, patent, or manuscript publications, I will not seek credit or payment for my participation.

e. To adhere to the guidelines concerning the volunteer dress code and my UCLA Health Volunteer I.D. Badge must be displayed at all times above the waist. I will use the "volunteer" title when introducing my title/role in the department.
i. If I am granted *MedNet email/AD login* access, I will use the "volunteer" title when addressing myself via email or electronic messages to staff, faculty, patient/study participants, recipients, and peers.
f. To notify the Volunteer Office of any difficulties or conflicts that may arise.
g. To inform the Volunteer Office of any changes in my duties, assignments, or supervisors. If additional steps are required for the clearance process, I will not start until I am cleared.
h. If I am required to complete any additional training or redo any training, I will complete them in a timely manner before resuming my volunteer duties.

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3. To complete the Off-Boarding process properly:

- a. To return my ID badge to the Volunteer Office when I am no longer volunteering. If I return the badge to security, I must provide a written (email) notification to the Volunteer Coordinator.
- b. I understand that if I do not complete 100 Volunteer SERVICE hours in the program, I will not be eligible for a Completion Certificate/Verification.
- c. If I am unable to log in hours for the assignment due to not being listed on my profile/disabled access/inactivation or if I am NOT approved, I should notify the office immediately to receive clearance before volunteering.

4. I understand that the position I am agreeing to apply for is an unpaid, volunteer position and not paid employment. I understand and agree that neither this volunteer position 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 position nor the acceptance or performance of a volunteer position constitutes a guarantee or promise of future employment.

- a. I understand that I will not seek any compensation/credit/stipend for any service that I may provide as a volunteer.

5. Waiver of Liability: Assumption of Risks: Participation in volunteer services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in volunteer services I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

- a. Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in volunteer services and to reimburse them for any such expenses incurred.
- b. Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- c. Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree to assume all risks incident (including risk of personal injury/property damage) and agree to release and hold harmless UCLA, UCLA Health, David Geffen School of Medicine, and any trustees, officers, staff, employees, or agents of UCLA from any liability for any injuries to you or your property that you might sustain while participating in your volunteer assignment. This release and assumption of risk shall bind you, your heirs, your assigns, and your personal representatives.

Volunteer Name

Signature

Date

Lily Zhang or Anna Zitter

Direct Referral Coordinator

Direct Referral Coordinator Signature

Date