

I, \_\_\_\_\_, am a previous/current employee of UCLA and am interested in serving UCLA Health/DGSOM in a volunteer capacity within UCLA policy, guidelines, and procedures. **Please check each box** as an acknowledgement that your volunteer role/position will adhere to the following:

- I have requested to volunteer at UCLA Health/DGSOM in pursuit of my personal interests and/or to gain educational/learning experiences.
- The volunteer role/position is and will not be within the same department and/or supervisor of my current (or previous) employment/paid position regardless of location.
- The volunteer role/position is and will not be within the same scope (responsibilities, job duties, etc.) of my regular (or previous) employment.
- The volunteer role/position is and will not be a condition of my employment.
- The volunteer role/position is and will not be used for a trial period of training, employment, transfer, or promotion.
- The volunteer role/position will be served during my free/off time; it is not a part of and will not interfere with my regular work schedule.
- I understand that I will not be compensated or expected to be compensated for my time served in this capacity.
- I understand that I will not use my employee title, position, role, certifications, and/or qualifications for my volunteer role/position.
- I understand that any access (MedNet, Care Connect, Prox, etc.) given to me from my current (or previous) employment will not be used to serve in this capacity. If I need these accesses, the department I will be volunteering for must be granted dual ownership of my accesses before allowing me to proceed.
- I understand that I will adhere to UCLA rules, standards, and policies as they now exist or as they may be modified, added to, or abolished in the future. I further understand that the Volunteer Services Department reserves the right to terminate a volunteer's privileges if such action is in the best interest of UCLA Health and/or the volunteer. Such termination could result from the failure to comply with general UCLA rules and regulations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Previous/Current Employee Title/Position(s):** \_\_\_\_\_

**Previous/Current Employee Department Name(s):** \_\_\_\_\_