

INFORMATION ON RECORD

LAST NAME	_____	FIRST NAME	_____
EMAIL	_____	PROGRAM	_____

ACKNOWLEDGMENT AND AGREEMENT *(Initial next to each statement)*

_____ I understand that I am freely choosing to return to volunteer service, understanding that we are in a global pandemic, and have consulted with my physician if I am in a high risk category. I understand that I am under no obligation to return to volunteer service, and the risks involved in a public setting.

_____ I understand that I must follow all safety and hygiene protocols that have been established by UCLA Health, until such time that is determined by Infection Prevention that masks are no longer required (see masking requirements in Return to Service training).

_____ I understand that I must complete the symptom tracker before reporting each time to my volunteer shift. In the event I do not pass the survey questions, I agree to not come in to volunteer.

_____ I understand that if entering the hospital, and certain clinic sites, I will be screened for temperature and may be asked questions as they pertain to symptoms.

RETURN TO SERVICE CONSENT AND AGREEMENT *(Initial next to each statement)*

_____ I agree that if I am feeling ill, or exhibiting any signs of COVID-19 (temperature above 100.4, new onset of cough, sore throat, shortness of breath, etc.), I will not report for my shift.

_____ I agree to follow the 6 feet social distancing guidelines while in my assignments and traveling through UCLA Health premises. I will not congregate in gathering areas such as hallways, dining areas, or workspaces.

_____ I agree to disinfect my workspace before and after each shift.

_____ I agree to abide by all HIPAA and confidentiality laws pertaining to the privacy of patient information. This includes any information pertaining to COVID patients.

_____ I have not traveled internationally in the last 14 days, nor been exposed to a person with a confirmed suspected case of COVID-19.

CODE OF CONDUCT CONSENT AND AGREEMENT *(Initial next to each statement)*

_____ I hereby acknowledge and agree that UCLA Health is making reasonable efforts to protect its patients, staff, visitors and volunteers who choose to engage in service during this global pandemic. Failure to comply with the above stated protocols along with further direction or guidance from the Volunteer Office may result in termination of my volunteer status, and I may be asked to leave the premises.

_____ I understand that I am responsible for knowing and abiding by the program-specific service description. Engaging in tasks for which I have not been trained and/or which are outside the service description will result in suspension with possible dismissal from the program.

_____ I agree to complete the Return to Service training and understand that all immunization records and additional trainings must meet compliance standards prior to returning to service.

By signing below, I agree to all rules and policies outlined above, and give my consent to all aforementioned points.

VOLUNTEER SIGNATURE	_____	DATE	_____
PARENT/GUARDIAN SIGNATURE (if under 18 years of age)	_____	DATE	_____