

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

- Confidentiality Agreement
- HIPAA Training Materials
- Elder, Child and Domestic Abuse Forms
- I Received Orientation and Skills Training about:

- Life Safety
- Alarm Codes
- Environment of Care
- Infection Control
- Volunteer Responsibilities
- Health Clearance and Universal Precautions
- Security Codes
- Nursing/Inpatient Units
- Blood Donor Center
- Orientation Post Test

- Job Description

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date