UCLA Health

**STUDENT APPLICATION**

Ronald Reagan UCLA
757 Westwood Plaza, Suite B791
Los Angeles, CA 90095
(310) 267-8180

Santa Monica UCLA
1250 16th Street
Santa Monica, CA 90404
(424) 259-8180

*UCLA Health is committed to a policy of equal opportunity for all applicants for volunteer positions and for all volunteers. UCLA Health does not discriminate against any applicant or volunteer based on, and considers each applicant and volunteer without regard to sex, race, color, national origin, ancestry, citizenship, pregnancy, age, marital status, medical condition, physical disability, mental disability, or sexual orientation.*

Date: _____/_____/_____ Student ID#_____
(Applies to UCLA students only)

**Name**:
Last: First: Middle:

Gender (circle one) M / F

**Permanent address**:
Street Address: Apt. #:
City: State: Zip Code:
Phone # (with area code):
( ) - E-mail address:_____@_____
Cell phone #:
( ) - Birth Date: Month:_____Day:_____Year:_____

Present employer:_____
Phone #: ( )

Emergency contact: Emergency phone #: ( ) -

How did you hear about our program?

Are you legally eligible to work in the United States? · Yes · No

Will you now, or in the future, require visa sponsorship for volunteering at UCLA Health? · Yes · No

If yes, please give the type of visa and date of expiration. Visa type:
Expiration Date:

Name of local reference (not a relative):

Phone #: Relationship:

Are you currently attending school? · Yes · No Name of school:

What are your reasons for volunteering?

Previous volunteer experience:

Foreign languages:

Please state your reasons for volunteering along with any of your special skills and qualities that would benefit our volunteer program. (Please do not exceed the allotted space.)

## VOLUNTEER AGREEMENT AND CERTIFICATION OF INFORMATION

Believing that UCLA Health has need of my services as a volunteer, I agree:

1. To hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, families, physicians, or personnel. I agree that I will not seek confidential information in regard to a patient.

2. That I am applying for an unpaid, volunteer position and not paid employment. I understand and agree that neither this volunteer application 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 application nor the acceptance or performance of a volunteer position constitutes a guarantee or promise of future employment.

3. That if I accept a volunteer position, I will have a duty to be familiar with UCLA Health's rules, standards, and policies as they now exist or as they may be modified, added to, or abolished in the future. I agree to comply with the follow these rules, standards, and policies.

4. To purchase and wear the designated volunteer uniform and ID at all times while volunteering in the medical facility.

5. I certify that the answers given by me to the foregoing questions are true and without omissions. I authorize UCLA Health to investigate and/or verify any information relevant to my suitability as a volunteer.

6. Any person giving misleading or false information will be subject to immediate termination.

**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 Health rules and regulations.**

Applicant signature: _____ Date: _____

## PARENT CONSENT

**For youth volunteers (ages 16-17), parental consent is required.**

The information contained in this application is correct. I am aware of the various tasks that my daughter/son will be required to perform. My daughter/son has my permission to serve as a volunteer at UCLA Health, and to also obtain Live Scan Fingerprinting/Background Check prior to volunteering. I give permission for my daughter/son to receive all necessary tests and/or vaccinations, including TB tests, as part of her/his health clearance for volunteer work within UCLA Health.

I understand the responsibility my son/daughter is taking on and will encourage his/her promptness and regular attendance as promised.

Parent signature: _____ Date: _____