Please note, Volunteer Services will verify service hours and/or issue a certificate once the Minimum commitment of 100 SERVICE HOURS has been met.
(Please Note: Merit and Bonus Hours are not part of the minimum.)

Volunteer Name: _____

Address: _____

City: _____ State_____ Zip Code_____

Local Telephone_____Email_____

AUTHORIZATION

I hereby authorize UCLA Health Volunteer Services to release my hours/certificate to:

Please check one: _____Self   _____Other

If other, please state name_____ Relation to Volunteer_____

Address_____ City_____ State_____ Zip Code_____

Please indicate requested documentation/award:

Print-Out of Volunteer Hours_____   Certificate of Completion_____

100 Hour Pin (blue/gold) _____   200 Hour Pin (gold stone) _____

300 Hour Pin (blue stone) _____   400 Hour Pin (crystal stone) _____

500 Hour Pin (special pin) _____

Will you still be volunteering for UCLA Health?   _____Yes   _____No

If no, please mail your Volunteer ID badge to:

Volunteer Services Department
757 Westwood Plaza, Suite B791
Los Angeles, CA 90095

_____   _____

Signature (Type full name if filled electronically)   Date

Print out of hours will be emailed. Pins and Certificates will be mailed to address listed above; allow 2 weeks for processing.

Please submit to studentvol@mednet.ucla.edu