

**Nursing Volunteer Checklist**

I, \_\_\_\_\_ have completed the following required documents, trainings, and immunizations and am ready to begin my volunteer assignment at UCLA.

**Trainings**

|                       |                        |
|-----------------------|------------------------|
| CI-CARE               | Certificate # _____    |
| HIPAA                 | Certificate # _____    |
| Safe Patient Handling | Certificate # _____    |
| Radiation Safety      | Certificate # _____    |
| AHA BLS Card          | Expiration Date: _____ |

**Forms (these all require a signature)**

Confidentiality Agreement (requires signature)

Elder Abuse Form                      Child Abuse Form                      Domestic Abuse Form

Job Description Form

Volunteer Agreement Form

Tdap Declination Form

**Immunizations**

TB Test (check only one)

T-Spot Blood Test or quantiFERON TB Gold Test      Date: \_\_\_\_\_

OR

Positive Skin Test Date: \_\_\_\_\_ and Negative Chest X-ray Date: \_\_\_\_\_

Measles, Mumps, Rubella (MMR) (check only one)

MMR Vaccine #1 Date: \_\_\_\_\_ and MMR Vaccine #2 Date: \_\_\_\_\_

OR

MMR Titer Date: \_\_\_\_\_

Varicella (check only one)

Varicella Vaccine #1 Date: \_\_\_\_\_ and Varicella Vaccine #2 Date: \_\_\_\_\_

OR

Varicella Titer Date: \_\_\_\_\_

Flu (only required October-March)

Flu Shot Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_