



NON-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) 259-8176

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: ____/____/____

(Circle title) Dr. Mr. Mrs. Miss

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 #: () - _____

Relationship: _____

How did you hear about our program?

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.)

Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you possess a Social Security Number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you now, or in the future, require visa sponsorship for volunteering at UCLA Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school:	
Previous volunteer experience:		
Foreign languages:		

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: _____