

Dear Volunteer Services Coordinator,

I, _____, invite _____
(Supervisor/Coordinator) (Volunteer Name-Legal Name)

to volunteer in the _____ department
(Department Name)

in the _____ in suite # _____ to volunteer _____ to _____.
(Building Name) (Room #) (Start Date) (End Date)

Please list **EACH** and **ALL** duties volunteer will perform (be as specific as possible):

* Required to wear Volunteer Services uniform? (blue jacket & khaki pants) **Yes** or **No** (click one)

I, said supervisor/coordinator, understand that by inviting said volunteer, am aware that:

- **physician shadowing and observing is not permissible per UCLA Health policy**
- volunteer should not be involved in direct patient care or clinical care (i.e. take vitals, etc.)
- volunteer cannot perform tasks that require a license or certification
- according to California Labor Laws, volunteer should not volunteer more than 6 hours per day and no more than 20 hours per week
- volunteer cannot displace a paid position and should be supplementary in nature (not responsible for an entire function that the department continually depends on)
- volunteer service should not be used as a formal trial period for permanent employment
- volunteer should not have any expectation of pay during the experience or a guaranteed job after the program ends
- volunteer should be performing duties that are more routine in nature, and not duties which require a judgement call
- volunteer may be deactivated due to no volunteer activity in 90 days, outdated TB, or flu vaccine declination
- duties should not conflict with the overall policy (i.e. operating heavy machinery, driving as part of their duties)
- I am responsible to train said volunteer about department specific policies, including emergency procedures and incident reporting, and will ensure volunteer is aware of HIPAA compliance
- I am responsible to reinforce UCLA Health CICARE guidelines and dress code including the proper displaying of volunteer's UCLA Health volunteer ID badge
- I am responsible to obtain Mednet email and CareConnect access ONLY if it is necessary for the job function
- the Volunteer Services department cannot accommodate parking validations
- should volunteer request any letter of recommendation or reference, that ME, not Volunteer Services, may be asked to fulfill this invite (*Volunteer Services recommendation*: letter offered after completion of 100 volunteer hours)

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.

Sincerely,

Supervisor/Coordinator (Signature)

Volunteer Name (Legal Name)

Supervisor/Coordinator (Print)

Volunteer Email

Supervisor/Coordinator Email

Volunteer Phone

Supervisor/Coordinator Phone or Ext.

Volunteer Birthday + Year

(*Must be 16 years old or older to volunteer)

Male OR **Female** (for background check purposes)

VOLUNTEER OFFICE USE ONLY:
Date received _____ Background: _____
in Vol. Off.: _____ Background cleared: _____
Badge received: _____

Past or present UCLA student OR employee?
if YES, Bruincard #: _____