



UCLA Health Sciences Volunteer Sign-In Sheet

Full Name: _____
(Please **PRINT** clearly!)

Month/Year: _____

Please submit form via email, fax, or in person to your program coordinator:

Clinical UCLA Health Sciences Email: CRV@mednet.ucla.edu

Non-Clinical UCLA Health Sciences Email: NCV@mednet.ucla.edu

Fax # (310) 267-3670

UCLA Health Sciences Volunteer Office: CHS 18-231

Name of Department/Assignment	Date	Time In	Time Out	Total Hours
Total Hours				

Supervisor's Name: _____ **Title:** _____

Signature: _____

Volunteer Office ONLY: Please return sign in sheet to Lily Zhang when hours are inputted