I, _______________________________________, have completed, signed and understand the below mentioned required documents/training and am ready to begin my volunteer assignment with UCLA Health.

☒ Confidentiality Agreement

☒ HIPAA Training Materials

☒ Elder, Child and Domestic Abuse Forms

☒ I Received Orientation and Skills Training about:

Life Safety  
Alarm Codes  
Environment of Care  
Infection Control  
Volunteer Responsibilities  
Health Clearance and Universal Precautions  
Security Codes  
Nursing/Inpatient Units  
Blood Donor Center  
Orientation Post Test

☒ Job Description

____________________________________  ______________________
Signature                                      Date