

# UCLA Volunteer Assignment Form

## I. Description of Volunteer Services (to be completed by Department)

Department: \_\_\_\_\_ Unit (if applicable): \_\_\_\_\_

Duration of assignment: 

Month	Day	Year

 To 

Month	Day	Year

 Approximate number of hours: \_\_\_\_\_ per ☐ Week or ☐ Month

Description of services to be rendered:

Supervisor's Name: \_\_\_\_\_

	List Requirements for the assignment:
Training:	
Health Exam:	
Physical Requirements: <i>(e.g., ability to lift 15 lbs.)</i>	
Certifications:	
Criminal Background Check:	
Other (explain):	

## II. Volunteer Agreement and Acknowledgement of Services (to be completed by Volunteer)

I \_\_\_\_\_, agree to abide by the policies, standards and procedures of the University of California and the \_\_\_\_\_ department.

I acknowledge that I am voluntarily donating my services to UCLA. I understand and agree that I am a volunteer and that I am not an employee of UCLA. I further understand and agree that I have no expectation of any compensation, pay, fee, or benefits for my services. I acknowledge and agree that my volunteer services do not constitute a guarantee or promise of future employment and do not entitle me to greater consideration for any future employment opportunities. I further acknowledge and agree that my volunteer service, and any rights and privileges associated therewith may be terminated at any time by the University without cause or notice.

Volunteer Participant Name (printed): \_\_\_\_\_

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

### Parental Consent (required of youth volunteers, ages 15-18):

Parent/Guardian Name (printed): \_\_\_\_\_

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

## III. Completion of Requirements (to be completed by Department)

	Description of Requirement:	Completion Date
Training:		
Protective Equipment:		
Criminal Background Check:		
Other:		

## IV. Completion of Volunteer Services (to be completed by Department)

I recommend that the UCLA Volunteer, <<Volunteer Name>>, be used for similar UCLA volunteer assignments in the future.

- ☐ YES  
☐ NO

Dept. Representative Name: \_\_\_\_\_

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