

# DAVID GEFFEN SCHOOL OF MEDICINE VOLUNTEER ASSIGNMENT FORM

## I. Description of Volunteer Service:

Department:

Unit/Division:

Description of Service:

Duration:

Approx. # of Hours:

per week

per month

Name of Volunteer:

Supervisor/PI Name:

PI/Supervisor Email:

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## II. List of Requirements for the assignment:

Certifications:

Training:

Physical Requirements:  
(e.g. ability to lift 15 lbs)

Health Exam:

Other (explain):

## III. Additional Questions to be answered:

1. Is this volunteer replacing a paid person/position?  Yes  No

2. Does volunteer have a family member or near relative working in Department?  Yes  No

If yes, Who?

**Note** – David Geffen School of Medicine has a near relative policy for staff employees and relatives. Please check with your HR representative regarding DGSOM policy.

3. Does this volunteer have a visa?  Yes  No

If yes, visa type?

**Note** – there may be visa restrictions with volunteers. Please check with your HR representative.

4. Will this volunteer interact with patients, perform patient related services or access patient identified data?  Yes  No

5. Will this volunteer have access to or utilize cadaveric (deceased human) materials?

Yes  No

If yes, please contact Dion Baybridge (dbaybridge@mednet.ucla.edu).