

UCLA CARE Center
Volunteer Application



Volunteer/Intern Application

First Name	Middle Initial	Last Name	Home Phone	Cell Phone
Street Address		City	State	Zip Code
Date				
Are you interested in being a:	Email	May we identify ourselves as UCLA CARE Center by:		
<input type="checkbox"/> Volunteer		<u>Phone:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Mail:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Intern				

Have you ever been employed by UCLA CARE Center? If so, when and for how long?	Have you ever volunteered for CARE Center before? If so, when and for how long?

How did you hear about UCLA CARE Center?	Please rate your knowledge of HIV/AIDS.
<input type="checkbox"/> Staff/Volunteer: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Volunteer Website <input type="checkbox"/> Personal Research	<input type="checkbox"/> Good <input type="checkbox"/> Minimal <input type="checkbox"/> Fair <input type="checkbox"/> None

Emergency Contact

Name: _____ Relation: _____ Phone #: _____

1. How has HIV/AIDS impacted your life?

2. What do you hope to contribute and gain from your volunteer experience at CARE?

3. Have you volunteered or had an internship before? If so, briefly describe your experience(s).

4. Do you have any physical limitations, or any other conditions, that UCLA CARE Center should be aware of?

5. Please list any languages other than English that you are **fluent** in:

6. Please list any certificates and licenses you hold:

7. Have you ever been convicted of a felony or misdemeanor? If yes, please explain. A felony or misdemeanor conviction will not necessarily disqualify an applicant from becoming a volunteer.

Highest level of education completed

- High School
- Associates Degree
- BA/BS
- Graduate Degree +

Employment Status

- Full Time
- Part Time
- Retired
- Not Employed

Please indicate your availability (mark all that apply)

- | | AM | PM |
|------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Friday | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate your area of interest (mark all that apply)

- Administrative/Clerical
- Data Management
- Outreach



Volunteer Expectations

The success of the UCLA CARE Center depends on active participation from its volunteers, patients, staff and faculty all working towards on common goal: quality research and medical care. Since communication, cooperation and responsibility are key concepts to ensure the UCLA CARE Center is running effectively and efficiently, clear expectations are needed. Below are the essential expectations of any volunteer, regardless of position.

Volunteers are expected to:

- Provide proof of negative TB test once per year
- Provide proof of licensure as required
- Notify the clinic manager or administrative manager at least 24 hours in advance if you are going to be late or are not able to report for a scheduled shift
- Treat all patients with dignity, respect and courtesy
- Treat all other volunteers and staff with the same courtesy and respect with which you would expect
- Maintain a positive attitude and relationship with all other volunteers, staff and patients
- Maintain confidentiality, whether it is with the patient, staff or other volunteers
- Attend any required training sessions
- Respect all UCLA and UCLA CARE Center policies rules and regulations
- Understand that volunteer services are performed without compensation

Please sign and date below to confirm that you have read, understand and agree to following these expectations.

Name: _____ Signature: _____ Date: _____