

UCLA Volunteer Application

I. Applicant Contact Information

Name: _____ Email: _____
First Last

Address: _____ ' _____ ' _____ ' _____
Street Name Apt # City State Zip Code

Telephone: (_____) - _____ (_____) - _____ (_____) - _____
HOME CELLULAR WORK

Are you 18 or older? NO YES If NO, please indicate Date of Birth:

____	____	____
<small>Month</small>	<small>Day</small>	<small>Year</small>

How did you hear about volunteering at UCLA?: _____

II. Employment

Are you currently employed by UCLA or UC? NO YES

Have you worked for UCLA or UC in the past? NO YES

If yes, indicate duration of employment: _____ to: _____ Location/Dept: _____
Begin Date End Date

Reason for leaving UC/UCLA?: _____

Name of Current Employer, if applicable: _____

III. Education

Highest Degree Attained: _____

Major: _____

Institution: _____

Are you currently attending school? NO YES If yes, name of school: _____

IV. Availability

During which hours are you available for volunteer assignments?

	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. Interests

Tell us the areas in which you are interested in volunteering:

VI. Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Certifications and Expiration Dates (e.g. CPR, First Aid):

Languages:

VII. Previous Volunteer Experience

Summarize your previous volunteer experience:

Are you currently a UCLA Volunteer? NO YES

Have you volunteered for UCLA in the past? NO YES

If yes, indicate duration of assignment: _____ to: _____ Location/Dept: _____
Begin Date End Date

Reason for leaving UC/UCLA: _____

VIII. Criminal Background

Have you ever been convicted of a felony or a misdemeanor? You may exclude:

- a. Traffic violations for which the fine imposed was \$300.00 or less;
- b. Any conviction specified in the Health & Safety code section 11361.5 which pertains to various marijuana offenses;
- c. Any conviction that has been sealed, expunged or legally eradicated;
- d. Any offense which has finally settled in juvenile court or referred to the youth authority;
- e. Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged AND the case has been judicially dismissed pursuant to Penal Code section 123.4. To qualify for omission under Penal Code section 1203.4, an individual must have taken an affirmative action to file a petition with a court to have the conviction set aside and been successful in that action.

NO

YES

If YES, please explain:

IX. Person to Notify in Case of Emergency

Name: _____
First Last

Address: _____ ' _____ ' _____ ' _____
Street Name Apt # City State Zip Code

Telephone: (____) _____ - (____) _____ - (____) _____
HOME CELLULAR WORK

Email: _____

X. Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I authorize UCLA to verify any information relevant to my suitability as a volunteer. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from any volunteer assignment.

Volunteer Participant Name (printed): _____

Signature: _____ Date: _____

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

Parent/Guardian Name (printed): _____

Signature: _____ Date: _____

XI. State Privacy Notice

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

- The principal purpose for requesting the information on this form is to evaluate qualifications of prospective volunteers. University policy authorizes the maintenance of this information.
- Furnishing the information is mandatory.

UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA)
VOLUNTEER ELECTION OF WORKERS' COMPENSATION COVERAGE

(For use for persons not employed by UCLA who are providing volunteer services for UCLA benefit)

(Please print or type)

NAME OF VOLUNTEER: _____ SOCIAL SECURITY NO.: _____ - _____ - _____

DATE OF BIRTH: _____ SEX: M F HOME PHONE: () _____ ADDRESS: _____
HOME _____

UCLA SPONSORED PROGRAM/EVENT/ACTIVITY IN WHICH SERVICE WILL BE PROVIDED: Mildred E. Mathias Botanical Garden
UCLA DEPARTMENT FOR WHICH VOLUNTEER SERVICES WILL BE PROVIDED: Life Sciences - Botanical Garden
NAME OF UCLA EMPLOYEE SUPERVISING VOLUNTEER: Joan Muench SUPERVISOR'S PHONE 310-825-1260
Starting Date of Volunteer Service: _____ Ending Date of Volunteer Service: _____

ELECTION OF WORKERS' COMPENSATION REMEDY: As a condition of my participation in UCLA volunteer service and in consideration for my use of UCLA facilities and equipment, I, the above named volunteer, hereby understand and agree that in the event I am injured or contract an illness or disease either during my UCLA volunteer service, or subsequent thereto as a result of such service, that I am hereby electing to be covered under the University of California's Self Insured Workers' Compensation Program as a volunteer for the University of California, Los Angeles Campus, UCLA, and that the benefits provided by the Labor Code of the State of California shall be **MY SOLE AND EXCLUSIVE REMEDY FOR ANY AND ALL SUCH INJURIES, ILLNESSES OR DISEASES.** This election of remedy shall be binding on me, my heirs, personal representatives, and assigns.

WAIVER, RELEASE & INDEMNIFICATION: In consideration of my use of UCLA facilities and of equipment and of my coverage under the University's Self Insured Worker's Compensation Program, I, the above named Volunteer, hereby for myself, my heirs, personal representatives, insurers and assigns do hereby voluntarily waive, release, discharge, and covenant not to sue The Regents of the University of California (Regents), its officers, agents, volunteers and employees (herein referred to as University) for any and all actions, claims, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of the course and scope of my volunteer service, whether the same shall arise by contract, the negligence of the University, or otherwise. **IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE UNIVERSITY FROM ANY AND ALL LIABILITY TO ME, MY HEIRS, PERSONAL REPRESENTATIVES, INSURERS OR ASSIGNS FOR BODILY INJURY, PROPERTY DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE, INCLUDING THE NEGLIGENCE OF THE UNIVERSITY to the fullest extent permitted by law.**

I, the above named Volunteer, for myself, my heirs, personal representatives, insurers and assigns do hereby agree, that in the event any claim, action, or lawsuit for bodily injury, property damage, or wrongful death arising out of my volunteer services shall be prosecuted against the University, to defend, indemnify and hold the University harmless from and against any and all such claims, actions, or lawsuits by whomever or wherever made or presented, including, but not limited to, attorney's fees, expenses and court costs, except for such claims, actions or lawsuits as result from the willful misconduct of employees of the Regents.

I, the above named Volunteer, hereby expressly waive all rights under Section 1542 of the *Civil Code of California* which states that a "general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

SEVERABILITY: If any portion of this Election of Workers' Compensation Remedy, Waiver, Release and/or indemnification is held invalid, it is agreed that the balance shall continue if full legal force and effect.

REPORTING OF INJURIES/ILLNESSES AND MEDICAL TREATMENT: I hereby agree to report all injuries or illnesses received in the scope of UCLA volunteer service to the UCLA department for which I am providing volunteer service and to the Office of Risk and Insurance Management (310) 794-6948, FAX (310) 794-6957, 10920 Wilshire Blvd, Suite 860 Los Angeles, CA 90024 immediately. Volunteers injured on the UCLA Campus are **ONLY** authorized to be treated at the UCLA Occupational Health Facility.

I, the above named volunteer, have read and understand the above "Election of Workers' Comp. remedy," the "Waiver, Release and Indemnification," and the waiver of Civil Code Section 1542 rights, and agree to all of them.

Signature of Volunteer: _____ Date: _____

Signature of Parent/Legal Guardian (if Volunteer is a minor): _____ Date: _____

Signature of University Supervisor: _____ Date: _____

Volunteer Agreement and Acknowledgment of Volunteer Status

I _____ , agree to abide by the policies, standards and procedures of the University of California and the Life Sciences – Botanical Garden 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.

Name: _____

Signature: _____

Date: _____

UCLA Volunteer Assignment Form

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

Department: Life Sciences Unit (if applicable): Mildred E. Mathias Botanical Garden

Duration of assignment:

Month	Day	Year

 To

Month	Day	Year

 Approximate number of hours: 3 per Week or Month

Description of services to be rendered:

Pruning, weeding, raking, detailing, hand watering, and various other garden projects.

Supervisor's Name: Joan Muench

List Requirements for the assignment:

Training:	No experience necessary
Health Exam:	General good health
Physical Requirements: <small>(e.g., ability to lift 15 lbs.)</small>	Some light lifting
Certifications:	N/A
Criminal Background Check:	N/A
Other (explain):	

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

I [redacted], agree to abide by the policies, standards and procedures of the University of California and the Botanical Garden 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): N/A

Signature: N/A Date: _____

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

	Description of Requirement:	Completion Date
Training:	Completion of Volunteer Garden Guide Training Program	
Protective Equipment:	N/A	
Criminal Background Check:	N/A	
Other:		

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

I recommend that the UCLA Volunteer, [redacted], be used for similar UCLA volunteer assignments in the future.

- YES
 NO

Dept. Representative Name: _____

Signature: _____ Date: _____