

# VOLUNTEER APPLICATION FORMS

## COMPUTER SCIENCE DEPRATMENT

Please complete, sign, and date all attached forms.

**Bring the completed forms to:**

**277k Eng VI**

1. Volunteer application
2. Volunteer assignment form
3. Waiver of Liability
4. Patent acknowledgement
5. Evidence of health insurance
6. Emergency contact
7. Lab and safety training certification

**Required documentation:**

- ➔ **For Citizens: Driver's License, and Social Security card or US Passport**
- ➔ **For Residents: Permeant resident card**
- ➔ **For Internationals: I-20, I-94, and Passport**

# UCLA Volunteer Application

## I. Applicant Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
First Last

US Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Name Apt # City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ - (\_\_\_\_) \_\_\_\_\_ - (\_\_\_\_) \_\_\_\_\_  
HOME CELLULAR WORK

Are you 18 or older?  NO  YES please indicate Date of Birth: \_\_\_\_\_  
Month Day Year Do you have a Social Security number (SSN)?  
NO YES

How did you hear about volunteering at UCLA?: \_\_\_\_\_ If yes, please provide SSN: \_\_\_\_\_

## II. Employment

Are you currently employed by UCLA or UC?  NO  YES If yes, please provide UCPath ID: \_\_\_\_\_

Have you worked for UCLA or UC in the past?  NO  YES If yes, please provide UCLA ID (UID): \_\_\_\_\_

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:

[Empty box for summarizing previous volunteer experience]

Are you currently a UCLA Volunteer?  NO  YES If yes, please provide UCLA ID (UID) : \_\_\_\_\_

Have you volunteered for UCLA in the past?  NO  YES If yes, please provide UCLA ID (UID) : \_\_\_\_\_

If yes, indicate duration of assignment: \_\_\_\_\_ to: \_\_\_\_\_ Location/Dept: \_\_\_\_\_  
*Begin Date* *End Date*

Reason for leaving UC/UCLA: \_\_\_\_\_

**IX. Person to Notify in Case of Emergency**

Name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_  
(Street, City, State, and Zip Code)

Home Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email : \_\_\_\_\_ Relationship: \_\_\_\_\_

**IX. Person to Notify in Case of Emergency** 2nd contact person, if the above not available

Name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
*Street Name* *Apt #* *City* *State* *Zip Code*

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*HOME* *CELLULAR* *WORK*

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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.

# UCLA Volunteer Assignment Form

## I. Description of Volunteer Services

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: <small>(e.g., ability to lift 15 lbs.)</small>	
Certifications:	
Other (explain):	

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

I **<<Volunteer's Name>>** \_\_\_\_\_, agree to abide by the policies, standards and procedures of the \_\_\_\_\_ University of California and the Computer Science 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:		
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: \_\_\_\_\_

Participant's name:

Please Print

UNIVERSITY OF CALIFORNIA,

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date

\_\_\_\_\_  
Signature of Participant      Date

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date  
Participant's Age (if minor) \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant      Date

## PATENT ACKNOWLEDGMENT

This acknowledgment is made by me to The Regents of the University of California, a corporation, hereinafter called "University," in part consideration of my employment, and of wages and/or salary to be paid to me during any period of my employment, by University, and/or my utilization of University research facilities and/or my receipt of gift, grant, or contract research funds through the University.

By execution of this acknowledgment, I understand that I am not waiving any rights to a percentage of royalty payments received by University, as set forth in the University of California Patent Policy, hereinafter called "Policy."

I also understand and acknowledge that the University has the right to change the Policy from time to time, including the percentage of net royalties paid to inventors, and that the policy in effect at the time an invention is disclosed shall govern the University's disposition of royalties, if any, from that invention. Further, I acknowledge that the percentage of net royalties paid to inventors is derived only from consideration in the form of money or equity received under: 1) a license or bailment agreement for licensed rights, or 2) an option or letter agreement leading to a license or bailment agreement. I also acknowledge that the percentage of net royalties paid to inventors is not derived from research funds or from any other consideration of any kind received by the University. The Policy on Accepting Equity When Licensing University Technology governs the treatment of equity received in consideration for a license.

I acknowledge my obligation to assign, and do hereby assign, inventions and patents that I conceive or develop 1) within the course and scope of my University employment while employed by University, 2) during the course of my utilization of any University research facilities, or 3) through any connection with my use of gift, grant, or contract research funds received through the University. I further acknowledge my obligation to promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the University authorized licensing office. Such inventions shall be examined by the University to determine rights and equities therein in accordance with the Policy. I shall promptly furnish University with complete information with respect to each.

In the event any such invention shall be deemed by University to be patentable or protectable by an analogous property right, and University desires, pursuant to determination by University as to its rights and equities therein, to seek patent or analogous protection thereon, I shall execute any documents and do all things necessary, at University's expense, to assign to University all rights, title, and interest therein and to assist University in securing patent or analogous protection thereon. The scope of this provision is limited by Calif. Labor Code Sec. 2870, to which notice is given below. In the event I protest the University's determination regarding any rights or interest in an invention, I acknowledge my obligation: (a) to proceed with any University requested assignment or assistance; (b) to give University notice of that protest no later than the execution date of any of the above-described documents or assignment; and (c) to reimburse University for all expenses and costs it encounters in its patent application attempts, if any such protest is subsequently sustained or agreed to.

I acknowledge that I am bound to do all things necessary to enable University to perform its obligations to grantors of funds for research or contracting agencies as said obligations have been undertaken by University.

University may relinquish to me all or a part of its right to any such invention, if, in its judgment, the criteria set forth in the Policy have been met.

I acknowledge that I am bound during any periods of employment by University or for any period during which I conceive or develop any invention during the course of my utilization of any University research facilities, or any gift, grant, or contract research funds received through the University.

In signing this acknowledgment, I understand that the law, of which notification is given below, applies to me, and that I am still required to disclose all my inventions to the University.

**NOTICE:** This acknowledgment does not apply to an invention which qualifies under the provision of Calif. Labor Code Sec.2870 which provides that (a) Any provision in an employment agreement which provides that an employee shall assign, or offer to assign, any of his or her rights in an invention to his or her employer shall not apply to an invention that the employee developed entirely on his or her own time without using the employer's equipment, supplies, facilities, or trade secret information except for those inventions that either: (1) Relate at the time of conception or reduction to practice of the invention to the employer's business, or actual or demonstrably anticipated research or development of the employer; or (2) Result from any work performed by the employee for the employer. (b) To the extent a provision in an employment agreement purports to require an employee to assign an invention otherwise excluded from being required to be assigned under subdivision (a), the provision is against the public policy of this state and is unenforceable. In any suit or action arising under this law, the burden of proof shall be on the individual claiming the benefits of its provisions.

Volunteer (Please print): \_\_\_\_\_

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

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





## NON-UCLA STUDENT UNDERGRADUATE VISITOR

### EVIDENCE OF HEALTH INSURANCE COVERAGE

**Please read, sign, and return with required documentation.**

UCLA does not offer an insurance plan for undergraduates enrolled at an institution other than UCLA. It is very important for you to understand that we will **not** provide insurance for you while at UCLA. **You must provide evidence of health insurance coverage before you can engage in activities. Please complete and return this form immediately.**

I, \_\_\_\_\_, understand that UCLA

**Visitor's Name**

does not offer health insurance coverage to non-enrolled students engaged in research. I hereby certify that I have health insurance provided by

\_\_\_\_\_  
**Name of Insurance Company**

**Subscriber** \_\_\_\_\_

Coverage dates include the period of time I am scheduled to be on campus:

\_\_\_\_\_, 20\_\_, through \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Visitor Initials**

**Please provide a photocopy of the insurance coverage information/card.**

I understand that failure to provide accurate information about health insurance coverage for the period of my visit may preclude my participation.

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

# UCLA Computer Science Department

## Key Checkout Form

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Advisor

UID#: \_\_\_\_\_

Email: \_\_\_\_\_

Home Dept.: \_\_\_\_\_

**\$20.00 Deposit for BH swipe cards/keys (check, cash or money order)**

**Deposit is waived for Bruin card access**

**\*\*Deposits will be returned when key(s) is/are returned.\*\***

**Certificate of Lab safety training must be provided**

- I certify that I have completed the Laboratory Safety Fundamentals Online Training  
Date: \_\_\_\_\_  
Class Enrollment and Certification link: <https://worksafe.ucla.edu>
- I will not duplicate the keys/swipe card or loan them to anyone else.
- I am responsible for keeping the room secure, which includes locking the door each time I leave.
- I will report and problems, malfunctions, vandalism, and/or unauthorized use to the key manager (Mildri Lopez-Duarte in 277M, ENGR VI), the MSO, or the Department Chair.
- If I lose my key/swipe card, the department will not refund my deposit.
- I will take care of any equipment located in any of the offices or labs for which I have keys.

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

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

FOR OFFICE USE ONLY					
Date Issued	Room #	Key #	Type	Professor Signature	Key Return Date

Date of Deposit	Deposit Amount	Deposit Return Date