DEANS, DIRECTORS, DEPARTMENT CHAIRS and ADMINISTRATIVE OFFICERS

Re: **UCLA Administrative Guidelines for the Use of Volunteers**

Attached please find guidelines for the use of volunteers at UCLA. These guidelines are new and were developed and finalized with input from a broad section of campus representatives. Thank you for the comments that you and your staff provided during the review process.

Individuals who devote time and expertise to UCLA on a voluntary basis provide an important service to the University. Many departments rely on volunteers to help support the University's mission of teaching, research and public service. In turn, volunteers gain valuable experiences and a sense of personal satisfaction.

The guidelines are designed to help promote a productive, safe and mutually beneficial environment for UCLA volunteers and the UCLA community by setting appropriate expectations and clarifying roles and responsibilities for the volunteers and their sponsoring department or unit. The guidelines address the status of volunteers, application and assignment procedures, supervision and management of volunteers by University employees, and the applicability of the University's self-insurance programs to volunteers.

The guidelines will become effective July 1, 2005. They will apply to existing as well as future volunteers, with the exception that the application documents and requirements listed in Section B. 1 of the Guidelines do not apply to volunteers who are currently providing services to UCLA. The following requirements apply only to new volunteers who begin their service to UCLA on or after July 1, 2005:

- Completion of UCLA Volunteer Application
- Acknowledgment of Volunteer Status on the UCLA Volunteer Assignment Form
- Completion of Volunteer Election of Workers' Compensation Coverage
- Criminal background checks for volunteers in sensitive assignments.

Questions from the campus community about the guidelines and attached forms should be directed to Director Hiliu Bloch, Campus Human Resources, at 794-0421 or hbloch@be.ucla.edu. Questions from Medical Center employees should be directed to Director Kathy Sipes, Medical Center Volunteer Services, at 825-3488 or ksipes@mednet.ucla.edu.

Lubbe Levin  
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University of California, Los Angeles
Administrative Guidelines for the Use of Volunteers

Effective Date: July 1, 2005
Responsible Department: Campus Human Resources/Healthcare Human Resources

I. Introduction and Purpose

Individuals who volunteer their time and expertise to the University provide an important service to the University and help further its mission of teaching, research and public service. In turn, volunteers gain valuable experiences and a sense of personal satisfaction. For purposes of these guidelines, such volunteers shall be referred to as UCLA Volunteers.

These guidelines are intended to help promote a productive, safe and mutually beneficial environment for UCLA Volunteers and for the campus by setting appropriate expectations and clarifying roles and responsibilities for both UCLA Volunteers and their sponsoring department or unit.

II. Applicability

These guidelines apply to individuals who meet three criteria: (1) they volunteer their services directly to the University, whether on an ad hoc basis or through a formal volunteer program conducted by a University department; (2) they provide services under the supervision of the University; and (3) they receive no compensation for such services.

These guidelines do not apply to:

• Volunteers who are affiliated with and provide services on behalf of an external sponsoring agency or service organization not associated or affiliated with the University, such as the American Red Cross.

• Volunteer groups and nonprofit organizations dedicated to providing fundraising, public outreach and other support services to the University, as defined in the UC Policy on Support Groups, Campus Foundations and Alumni Associations, dated September, 1995.

• Individuals serving unpaid educational internships in order to receive academic credit or certification.

• Individuals holding academic “without salary” appointments.

• Guest lecturers and individuals serving as judges or expert panelists in the context of an instructional program.
III. Guidelines

A. Selection Criteria and Restrictions

Because UCLA Volunteers are not employees of the University, they are not eligible for programs such as staff development training and University benefits such as sick leave, retirement or insurance benefits other than those available to UCLA Volunteers qualified for coverage under the University's self-insured Workers' Compensation and General Liability Programs (see section III.D below). Other restrictions and conditions include:

1) UCLA Volunteers cannot be used to supplant regular staff employees.

2) UCLA Volunteers may not be used in full-time, long-term assignments. Volunteer activities are expected to be part-time, sporadic, or of limited duration.

3) In accordance with provisions of the Fair Labor Standards Act that govern the service of public sector employees, current University of California employees may not perform hours of volunteer service in the same capacity as their regular duties or perform the same types of services they perform as part of their jobs.

4) Volunteer service may not be performed as an alternative to a civil or criminal fine or penalty or serving a jail sentence.

5) UCLA Volunteers may not be compensated for services. However, departments may choose to reimburse UCLA Volunteers for expenses such as transportation, meals (subject to University policies on entertainment, BUS-79, Entertainment) or incidental expenses incurred while providing volunteer services with proper documentation of related business expenses and in accordance with University policies governing these activities.

6) Within the context of these Guidelines, the use of volunteers in the performance of all services for the University is at the sole discretion of the department for which the volunteer is providing services. Volunteer services may be terminated without prior notice at any time a department, in its sole opinion, determines that the services are no longer required by the department, or that the volunteer may not be able to satisfactorily perform the service. No length of performance of volunteer services for a specific department or for the University shall create any entitlement, right or privilege on the part of any individual to continue providing volunteer services for the University in the future.

7) The minimum age for UCLA Volunteers is fifteen (15) years of age. Minors under the age of eighteen (18) need the permission of their parents or legal guardians to qualify as a UCLA volunteer.

8) In order to be covered by the University's Self-Insurance programs, UCLA Volunteers must be eighteen (18) years of age or older, unless coverage of minor volunteers is approved in writing by the Office of Insurance and Risk Management (OIRM) prior to beginning UCLA Volunteer service. Departments are encouraged to discuss with the Office of Insurance and Risk Management the department's potential financial liability and the risks of using minors prior to engaging them in a volunteer capacity.
B. Application and Assignment Procedures

1. Application Documents and Requirements

The following forms must be completed and signed by UCLA Volunteers prior to performing any volunteer services for the University and as a condition of receiving permission to provide Volunteer services to UCLA:

- UCLA Volunteer Application (see Attachment 1);
- Acknowledgment of Status section of the UCLA Volunteer Assignment Form (see Attachment 2);
- University of California, Los Angeles Volunteer Election of Workers' Compensation Coverage\(^1\) (see Attachment 3).

Certain UCLA Volunteers who perform sensitive tasks, such as the care and security of children or the handling of cash, are required to submit to, and satisfactorily clear, a criminal background check prior to performing such duties (see section C). Volunteer Applicants who are subject to a criminal background check must authorize the background check by signing the Background Check (Criminal Record) Authorization for UCLA Volunteers (see Attachment 4).

UCLA Volunteers are not required to sign the University of California Loyalty Oath, but may be required to sign the University’s patent acknowledgment form if they use University research facilities.

2. Assignment of Duties

The head of the unit or department utilizing the services of a UCLA Volunteer is responsible for:

- Developing a written description of services to be rendered by the volunteer and noting such services on the UCLA Volunteer Assignment Form.
- Maintaining written records of each volunteer while the volunteer is performing services, including the application and waiver forms and, if applicable, patent acknowledgment forms (Note: Records must be retained for five years after volunteer services end). Volunteer records must not be entered into the Employee Database (EDB).
- Keeping a written record of the dates and hours during which volunteers provide services for the benefit of the University.

C. Supervision and Management of Volunteers

UCLA Volunteers must be supervised by UCLA staff or faculty. No UCLA Volunteer may supervise a staff member, including student employees.

\(^1\) UCLA Medical Center Volunteers are subject to the Medical Center's risk management procedures and are not required to complete the Election of Workers' Compensation Coverage form.
Generally, risk management practices discourage utilizing UCLA Volunteers for any cash handling activities. However, in situations where UCLA Volunteers must handle cash, a University employee must be present at all times during which cash transactions are conducted, and all applicable University policies and procedures regarding cashing stations and cash handling must be observed. UCLA Volunteers who handle cash must submit to, and satisfactorily clear, a criminal background check.

1. Access to University Resources, Facilities and Records

UCLA Volunteers may not be granted access to University financial accounts or funds, or University systems such as the University Payroll, Purchasing, or Student Systems, nor may they be given the authority to commit University funds. UCLA Volunteers may not be granted access to confidential medical information; however, UCLA Healthcare may authorize exceptions provided that proper controls are in place and that Volunteers have signed a confidentiality statement and HIPAA agreement.

UCLA Volunteers should not be issued keys to buildings or offices. However, if departmental operational considerations require the issuance of keys to a UCLA Volunteer, the UCLA Volunteer must undergo, and satisfactorily pass, a criminal background check prior to being issued such keys. As an alternative to issuing keys, departments that desire to provide volunteers with key access are encouraged to explore the use of key card entry systems (such as those using the UCLA BruinCard), which record the identity and time of persons entering the area and which facilitate the management of access authorization. At no time should UCLA Volunteers have access, even temporarily, to master keys for any University building.

UCLA Volunteers may not operate University vehicles.

At their discretion and upon consideration of available resources and academic or business needs and priorities, departments may choose whether or not to provide departmental e-mail services to UCLA Volunteers in accordance with UCLA Policy 455 - UCLA Email Policy and Guidelines. UCLA Volunteers may also be granted BruinOnline (BOL) accounts at the discretion and at the written request of appropriate department heads. All UCLA Volunteers who receive e-mail access provided by UCLA, whether through a departmental account or through BruinOnline, shall abide by the UCLA Policy 455 – UCLA Email Policy and Guidelines, including the prohibition against giving “the impression that they are representing, giving opinions, or otherwise making statements on behalf of the University or any unit of the University unless appropriately authorized (explicitly or implicitly) to do so.” Upon completion of their volunteer service, UCLA Volunteers’ access to UCLA-issued e-mail services must be terminated.

UCLA Volunteers may be issued, via the BruinCard Office, an Affiliate BruinCard identifying them as volunteers. The cost of these cards may be covered by the sponsoring campus department on a recharge basis at the department’s discretion. Otherwise, the volunteer will be charged for the card upon issuance.

At their discretion, departments may choose whether or not to provide special parking permits to volunteers in recognition of their support. Reduced-rate courtesy permits, which are valid for restricted usage, are available through Parking Services at the request of appropriate department heads. The cost of these permits may be covered by
the sponsoring department at the department's discretion. Departments are encouraged to contact Parking Services for more information.

UCLA Volunteers who participate in research activities or who use University research facilities are required to sign the University's patent acknowledgment form (UPAY 585).

2. Risk Assessment and Sensitive Volunteer Assignments

Some volunteer assignments may include particularly sensitive tasks or access to facilities or materials that may place UCLA Volunteers or other members of the University community at risk. Departments are expected to exercise judgment and prudence when deciding whether a particular task is suitable for volunteers.

Criteria for determining sensitive volunteer assignments include:

- the care and security of patients, children, the elderly, the handicapped or the mentally impaired;
- the handling of animals (excluding the People Animal Connection at the Medical Centers);
- the handling of cash;
- the use of or contact with hazardous substances, dangerous equipment or material, including contact with blood products or sera; and
- the use of or access to non-public, confidential information as authorized by the department.

Departments that utilize the services of UCLA Volunteers must take appropriate measures to mitigate risks to the volunteers themselves or the University, its students, faculty, staff, patients, guests or customers who may avail themselves of the services provided by the UCLA Volunteers. Depending on the risks involved, these measures may include providing special training or supervision or personal protective equipment, and requiring certifications, immunizations, health assessments, special internal control procedures, or criminal background checks. Departments must employ the same mitigating measures with volunteers as they would with employees and must adhere to any applicable state and federal law and University policy.

UCLA Volunteers whose duties include the care and security of patients, children, the elderly, the handicapped or the mentally impaired; direct access to controlled substances; or the handling of cash; or who are issued keys to UCLA offices or buildings, must undergo, and satisfactorily clear, a criminal background check.

Departments using UCLA Volunteers to assist in research functions are expected to follow University guidelines and Federal law governing the access of "restricted persons" to research projects involving "select agents." See Vice Chancellor-Research's memo dated April 3, 2002 for more information. Departments are encouraged to contact the Office of Research Administration for guidance.
Certain tasks are not suitable to be performed by volunteers, regardless of the availability of mitigating measures. UCLA Volunteers may not provide services in environments where they will have access to controlled substances or where they will work directly with, or be exposed to, highly ionizing lasers, carcinogens, biological or chemical weapons, or biological or radiation hazards that by law require medical monitoring. All persons performing services in such areas are to be University employees.

In no event may volunteers under eighteen (18) years of age be permitted to use hazardous substances or dangerous equipment.

D. Qualification for University Self-Insurance Coverage

In accordance with UCLA Office of Insurance and Risk Management, a UCLA Volunteer qualifies for coverage under UCLA Workers’ Compensation and General Liability Self-Insurance Programs, if all of the following requirements are met:

- The volunteer service is performed by the individual for the primary benefit of the University of California;
- The individual is not compensated to perform the service (expenses may be reimbursed);
- The service is not performed for academic credit or to receive or qualify for some type of certification or accreditation;
- The service is not performed as an alternative to a civil or criminal fine or penalty or serving a jail sentence;
- The service is provided under the supervision of UCLA faculty and/or staff;
- The service does not involve participation in athletic activities; and
- Unless prior approval is obtained from the Office of Insurance and Risk Management, the service must be performed on University premises or in the greater Los Angeles area by persons eighteen (18) years of age or older and can not involve over-night travel.

In addition, the department to which the UCLA Volunteer is providing service must provide any and all necessary safety training and personal protective equipment (PPE) needed by the volunteer to safely perform the volunteer service.

1. Workers’ Compensation Coverage

Qualified volunteers in general campus assignments must complete the University of California, Los Angeles Volunteer Election of Workers’ Compensation Coverage form\(^2\) prior to an injury to be covered by the University Workers’ Compensation Self-Insurance Program for any injury they may receive in the course and scope of performing

\(^2\) UCLA Medical Center Volunteers are subject to the Medical Center’s risk management procedures and are not required to complete the Election of Workers’ Compensation Coverage form.
University volunteer service. Any University volunteer injured within the course and scope of volunteer service on or in the vicinity of the UCLA campus must be sent to the Occupational Health Facility (OHF) for initial medical care. Volunteers injured at other locations should be treated at the nearest walk-in clinic or hospital emergency room.

2. **General Liability Coverage**

Qualified volunteers *may* be covered by the UC General Liability, Automobile Liability and Employment Practices Liability Self-Insurance Program, BUS-75 under certain circumstances. University volunteers providing volunteer services involving work with minors are required to undergo and pass the criminal background investigation check required by the California Education Code in order to be covered by the University’s self-insurance program.

Departments considering utilization of volunteers are encouraged first to contact the Office of Insurance and Risk Management to assess financial risks involved and learn about options for mitigating such risks, such as the optional Medical/Accident Insurance Program and the optional Volunteer Liability Program.

IV. **References**

1) University of California Patent Policy.
   http://www.ucop.edu/ott/patentpolicy/first.html

   http://www.research.ucla.edu/ocga/memo_OFAC.htm

3) Insurance Coverage for UCLA Volunteers.
   http://www.oirm.ucla.edu/volunteer-coverage.htm

4) UCLA Policy 455: UCLA Email Policy and Guidelines.
   http://www.adminvc.ucla.edu/appm/entry_policies.asp?vSection=public/app_0 455_0.html

5) UC Policy on Support Groups, Campus Foundations and Alumni Associations.
   http://www.ucop.edu/ucophome/coordrev/policy/9-1595rp6078.html

V. **Attachments**

1) UCLA Volunteer Application.

2) UCLA Volunteer Assignment Form.

3) University of California, Los Angeles Volunteer Election of Workers’ Compensation Coverage.

4) Background Check (Criminal Record) Authorization for UCLA Volunteers.
UCLA Volunteer Application

I. Applicant Contact Information

Name: ________________________________  Email: ________________________________

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: ________________________

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: ________________________

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?

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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: _______________
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.
UCLA Volunteer Assignment Form

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

Department: ____________________________ Unit (if applicable): ____________________________

Duration of assignment: ___________ To ___________ Approximate number of hours: ______ per □ Week or □ Month

Month Day Year Month Day Year

Description of services to be rendered:

________________________________________

Supervisor’s Name:

List Requirements for the assignment:

Training: ____________________________

Health Exam: ____________________________

Physical Requirements: ____________________________

Certifications: ____________________________

Criminal Background Check: ____________________________

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 _________ 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)

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<td>Criminal Background Check:</td>
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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: ____________
BACKGROUND CHECK (Criminal Record) AUTHORIZATION
FOR UCLA VOLUNTEERS

To Whom It May Concern:

I hereby authorize and request any law enforcement agency, or other persons having personal knowledge about me, to furnish the University of California, Los Angeles (UCLA) or its authorized agent, with information regarding criminal convictions in their possession regarding me in connection with my volunteer role in a sensitive assignment. I agree that a photocopy of this information can be furnished to UCLA, and that it will have the same authority and authenticity as the original.

I understand that certain UCLA volunteer assignments in sensitive areas require background checks. I also understand that any misrepresentation, falsification or omission of facts herein may be considered cause for dismissal from any volunteer assignment.

Volunteer Participant
Name (printed): ___________________________

________________________________________  Date: __________________________

Signature: ____________________________________________  Date: __________________________

Other names used: ________________________________________________________________

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 conduct background checks. University policy and federal statute authorize the maintenance of this information.
- Furnishing all information requested on this form 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: ________________________

HOME ADDRESS: ________________________________

UCLA SPONSORED PROGRAM/EVENT/ACTIVITY IN WHICH SERVICE WILL BE PROVIDED: ________________________________

UCLA DEPARTMENT FOR WHICH VOLUNTEER SERVICES WILL BE PROVIDED: ________________________________

NAME OF UCLA EMPLOYEE SUPERVISING VOLUNTEER: ___________________________  SUPERVISOR'S PHONE: _______________________

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 whomsoever 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: ___________________________

Original: Volunteer’s Department - Retain for 18 months following termination of volunteer services - 3 Copies (1) Volunteer, (2) Department in which volunteer services are provided, (3) Office of Insurance and Risk Management

RLJ: Rev 01/04 - WC Election