

UCLA Health System
VOLUNTEER SERVICES
VOLUNTEER ASSIGNMENT REFERRAL

Date: 7/13/16

Volunteer: Joe Bruin Phone: () is referred to
Volunteer Department.

Location: RR UCLA MC Phone: ()

Contact Person: Supervisor

Schedule: Days Hours

Signature of Supervisor: Date:

Signature of Coordinator:

RRUCLA Volunteer Services, Rm # B791 • (310) 267-8180

SM-UCLA Volunteer Services, 1260 15th St., Suite 1024 • (310) 319-3580

I agree to a minimum commitment of 50 hours as a volunteer in the above department.
I will notify the department when I am ill and also for any schedule changes.

Signature of Volunteer: Date: