David Geffen School of Medicine | UCLA Health

HEALTH SCIENCES VOLUNTEER OFFICE
VOLUNTEER/UCLA SRP STUDENT SCOPE OF DUTIES

ASSIGNMENT TYPE		
REQUIRED: Please check ONE (*For definition of "clinical" see below*):	☐ **CLINICAL**	☐ **NON-CLINICAL**

"Clinical" assignments are defined as having ANY involvement with ONE or more of the following:

- Patient, human research subject, or participant contact and/or interaction
- Access to or handling any identifiable/clinical/medical/protected health information
- Perform any duties involving activity within clinical settings and areas (i.e. hospital, clinics, waiting rooms, etc.)

ACKNOWLEDGEMENT AND GUIDELINES:

This form is intended for department supervisors who have accepted an individual to be a Volunteer/UCLA SRP Student (will be referred to as "Applicant") to assist in an assignment at UCLA Health and Health Sciences (UCLA Schools of Medicine, Dentistry, Public Health, and Nursing).
Applicants must be approved, processed, registered, and cleared by the UCLA Health Sciences Volunteer Office BEFORE they conduct any activities. All Volunteers/UCLA SRP students must adhere to the UCLA Health Volunteer policies and guidelines.

As the Inviting Supervisor, please read the following before proceeding:

SECTION 1: Prohibited Duties/Responsibilities and Restrictions include, but NOT limited to, the following:

- Perform any duties that pertain to any of the following:
  - "Practicum" or "Training" in which a professional degree/curriculum/certificate/license is involved.
  - Clinical practices or engage in clinical/medical conversations with patients and/or participants.
  - Driving or traveling as part of their duties (commuting to service site should NOT be considered a duty).
  - Duties NOT indicated on this form. If ANY duties or assignment information changes, a new form must be completed and submitted to the Volunteer Office for office approval before the Volunteer/UCLA SRP Student can assume new duties.
  - High-level/high-risk duties (i.e. duties that by law may require medical monitoring).
  - Industry supported Clinical Trials where prohibited by contract.
  - Involve any form of payment, billing, money handling, insurance claims, purchases, or financial records.
  - On behalf of UCLA: PHI requests and/or modifications, IRB protocol/amendment submissions, authorization submissions, approval signatures, witness signage, legal/medical advice, research/IT access accounts requests, staff hiring/interviewing, staff training, clinical studies creation/submissions, etc.
  - Operating equipment or machinery that requires certification, even if certified (e.g. MRI, EEG, etc.).
  - Remotely or outside the scope of locations indicated and approved on this form.
  - Require direct physical contact/interventions with patients/participants (i.e. placing electrodes, etc.).
  - Are similar in scope, capacity, nature, requirements and expectations of UCLA staff employees.
  - Activities without volunteer ID badge and proper uniform (uniforms must be distinguished from staff).
  - Activities without any type of staff supervision regardless of level of risk or qualifications/training.
- Be assigned, located, or supervised by a near relative within the same or different department.
- Certain restrictions apply for those working with sharps, radioactive materials, hazardous chemicals, and/or biohazardous materials. Please indicate in Section 3, if these duties will apply.
- If the individual is a previous/current UCLA Health/Health Sciences employee, they may NOT volunteer (unpaid) in the same department/supervisor or perform duties that are similar in nature/scope of their paid position regardless of location. Please see Employee-Volunteer Agreement for more additional information.
- Receive any monetary payment/stipend/compensation for providing their services.
- Shadow as part of their role, please see the Clinical Observers and Shadowers Policy HS0360 for more details.
- Supervise and/or oversee UCLA Health/Health Sciences personnel (paid or unpaid).

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By signing below, the following parties agree that they have read, understood, and will adhere to Section 1:

Supervisor's Name and Title	**Signature**	**Date**
Applicant's Name	**Signature**	**Date**

NOTE: The Inviting Supervisor is REQUIRED to complete ALL fields within this form on behalf of the applicant. The form will NOT be processed if any information is missing or requires revision/clarifications.

CONTACT INFORMATION:	
Department:	**Division/Unit (*if applicable*):**
Name of Program (*if applicable*):	
Name of Principal Investigator (*if applicable*):	
Name of Inviting Supervisor (*if different from PI*):	
Supervisor's Phone Number:	**Email**:
Name(s) of Other Designated and Qualified Supervisor(s) (*Must be a Paid UCLA Employee of the same department*):	
NOTE: This form is intended for applicants aged 18 years and older, please use the Minor's Scope of Duties form for those aged 16-17 years.	
Name of Applicant:	**Birthdate (MM/DD/YY):**
Applicant's Phone Number:	**Email**:
Applicant's Status: ☐ **UCLA Student (UID: _____)** ☐ **Non-UCLA Student** ☐ **Non-Student**	

VOLUNTEER/UCLA SRP STUDENT DUTIES & RESPONSIBILITIES: **NOTE: Please complete and sign a VOLUNTEER PERSONAL DEVICE FORM with the Applicant even if a personal device will NOT be used.**	
Hours per Week (*15-20 max*):	**Duration (*1-2year max*):**
Please SPECIFY all of the LOCATION(S) units/buildings where this Applicant will be located: ☐ **UCLA Ronald Reagan Medical Center:** _____ ☐ **UCLA Medical Center, Santa Monica:** _____ ☐ **UCLA Westwood Campus:** _____ ☐ **UCLA Santa Monica Campus:** _____ ☐ **Other, please provide address:** _____ _____	
Patients and/or Participants Contact (*Please check ONE*): ☐ The Applicant will be near and/or have direct interactions with Patients and/or Participants. ☐ The Applicant will only have indirect interactions with Patients and/or Participants (by phone/email). ☐ The Applicant will NOT be near or have ANY interactions and/or contact with Patients and/or Participants.	
Will the Applicant receive credit/compensation? ☐ No ☐ Yes, UCLA SRP Course Credit ☐ Yes, specify: _____	

Instructions for Section 2-6:

- Please check which duties and responsibilities your Applicant will be performing under your supervision.
- If a section does NOT apply, please ensure that the check box is checked off. (All sections must be completed)
- Please ensure any duties requiring explanations are explained in detail or attach a separate file.
- If you have other duties that are not listed in Sections 1-5, please see Section 6 instructions (page 5).

SECTION 2 Part A: Basic Administrative Duties ☐ **Section 2 Part A does NOT apply**

☐ Filing, organizing, photocopying, restocking (*brochures, flyers, supplies*), or preparing materials for study visits.
☐ Assist the staff with answering the phone (*no Protected Health Information [PHI] involved*).
☐ Assist staff with faxing, mailing, or calling individuals for reminders (*no PHI involved*).
☐ Greet, guide, and/or escort patients/participants to rooms or on-site locations. (*May NOT discharge patients*.)
☐ Attend meetings/workshops/lectures/seminars. (*Prior approval required from Volunteer Office if off-site.*)
☐ Maintain required inventories of study supplies with staff supervision (*staff are required to purchase supplies*).

SECTION 2 Part B: Other Administrative Duties ☐ **Section 2 Part B does NOT apply**

☐ Non-PHI Data entry and/or analysis
☐ Non-PHI Data quality checks/control and/or management
☐ Assist with writing and/or editing correspondence, reports, documents, and/or other materials.
☐ Assist in the development of presentations and publications (*such as PowerPoint, etc.*).
☐ Conduct literature review searches, article searches, or reference research (*i.e. access to online Library, etc*.).
(*If Mednet ADlogin will be requested for the Applicant, please indicate such access in Section 5*)

SECTION 3: Laboratory Based Research Duties ☐ **Section 3 does NOT apply**

- **UCLA EH&S Lab Safety Fundamentals Training is required for any individual performing activities within a laboratory setting. (https://worksafe.ucla.edu/)**
- **Lab managers are required to ensure ALL required trainings are completed, documented, and tracked within their department.**
- **Please READ UCLA Policy 906: Undergraduate Researcher Laboratory Safety BEFORE completing this section.**

Please indicate below the type of research involved:

_____

For Animal Research only:

Please list the ARC#s: _____
Species Name(s): _____

- For multiple studies, please indicate "see attached" and attach a list of studies with the duties.
- NOTE: if a list is NOT included with corresponding duties, it is assumed all duties listed will pertain to the ARC#s listed.
- Volunteer Office will verify with ARC to ensure that Applicant is approved for the type of involvement.

☐ Assist with maintaining records and/or data collection for laboratory experiments.
☐ Pipette and prepare simple non-hazardous solutions (no Human Body Fluids).
☐ Assist with basic and simple laboratory experiments in which additional training is NOT required to perform.
☐ Assist with advanced-level laboratory experiments in which additional training is required. *Applicant must be a currently enrolled UCLA Student. Please attach the Volunteer Request: High-Risk Lab Activities form*.
☐ Transport (non-PHI) specimens/blood (*must be sealed in protective barrier*) to and from on-site locations (*Additional EH&S Training required*).
☐ Transport equipment to and from on-site locations (must *NOT be heavy machinery or hazardous/high risk equipment*).

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☐ Help clean supplies and equipment (please list ALL the supplies/equipment the Applicant will be cleaning):

_____

☐ Working with any of the following (please specify):

☐ Sharps/Needles:_____

- *The Applicant will be properly trained and is approved by the Department Human Resources (HR) for the sharps/needles access and use. (Required: PI initials_____)*

☐ Radioactive Materials/Lasers:_____

- *Applicant is a currently enrolled UCLA Student and approved by the Department HR for the above access. I understand that only current UCLA Students may have the above access. (Required: PI initials_____)*

☐ Hazardous Chemicals: _____

- *Applicant has reviewed the Standard Operating Procedures (SOPs) with the PI regarding the above hazardous chemicals. (Required: PI initials_____)*

☐ Biohazardous Materials: _____

- *Applicant is approved by the Institutional Biosafety Committee (IBC) for the biohazardous materials access and use. (Required: PI initials_____)*

SECTION 4: Clinical Research Functions ☐ **Section 4 does NOT apply**

To Be Reviewed and Approved By: Volunteer Office, Compliance Office, IRB Office, and Other Offices

- **The scope of clinical research duties must be *explicitly* listed and described in the IRB application under "Other Personnel" ("Key Personnel" should be reserved for PAID staff only) for proper evaluation and verification according to the nature of the project and procedures. We advise that all volunteers/UCLA SRP students are listed under a GROUP Name.**

Please indicate the type of research involved:

☐ **IRB-Approved: please list the IRB#s:**_____

- For multiple studies, please indicate "see attached" and attach a list of studies with the duties.
- NOTE: if a list is NOT included with corresponding duties, it is assumed all duties listed will pertain to the IRB#s listed.
- Volunteer Office will verify with IRB Office to ensure that Applicant is approved for the type of involvement.

Name of IRB Study Approver:_____**Date Approved:**_____

☐ **IRB-Exempted study and/or Quality Improvement Project/Study**

☐ Recruit potential participants by handing out flyers, passing out brochures, posting posters, etc.

☐ Provide information on study participation by phone or in person using a fact/reference sheet.

☐ Hand out consent document to potential participants with staff supervision (*no independent consenting*).

☐ Assist with research data entry, management, and/or analysis (*no access to medical records/charts*).

☐ Screen for potential participants to determine qualification for participation based upon a structured screening method approved by the IRB (*please explain in detail how*):

_____

☐ Collect study data (*please explain how*):

_____

☐ Assist as Second Safety for MRI (Magnetic Resonance Imaging) Scans. *Please complete and attach the Brain Mapping Center (BMC) or Staglin Addendum according to the location of activities.*

☐ Assist with TMS (*Transcranial Magnetic Stimulation*) or tDCS (*Transcranial Direct Current Stimulation*) activities within Brain Mapping Center only. *Please complete and attach the BMC Addendum.*

☐ Assist with non-biohazardous sample collections by providing instructions from fact/reference sheet only.

☐ Transport (*PHI labeled*) specimens/blood (must be sealed in protective barrier) to and from on-site (*additional EH&S Training required)* (*Please specify what locations*):

_____

☐ Assist staff with conducting clinical/behavioral interventions in which additional training is required. *Please attach the Volunteer Request: IRB Study Activities form.*

SECTION 5: Access to Systems and PHI ☐ **Section 5 does NOT apply**

To Be Reviewed and Approved By: Volunteer Office, Compliance Office, IRB Office, and Other Offices

NOTE: Any forms of clinical data and/or PHI are NOT permitted be accessed or stored remotely or on personally owned devices.

☐ Review, collect, and/or help analyze clinical data from medical records/charts of potential/current patients and/or participants through verified and validated access (any editing of medical records is *NOT* permitted):

- ☐ Medical Records/PHI (*please specify source*):_____
  - Purpose of PHI access needed:_____
- ☐ Care Connect VIEW ONLY Access (*please complete the below requirements in order to avoid any delays*):
  - Requested Template:_____
  - Purpose of CC access needed:_____
  - Care Connect access must be accessed from UCLA-owned devices on UCLA Health Sciences premises.
  - *(Required) Please read and initial next to each statement (all signatures must be wet signatures):*
    - *Care Connect will NOT be accessed remotely or on personally owned devices. PI Initials_____*
    - *Clinical data will NOT be stored on any personally owned devices or removable media. PI Initials_____*
  - Please CHECK the Mednet (below) as Care Connect View only must be accessed using a MedNet account.

☐ Use Mednet for AD Login and/or emailing. *PHI may NOT be sent via email to the applicant. PI Initials_____*

☐ Using a mobile device or laptop for MedNet ONLY (*must have Airwatch installed/be encrypted by UCLA Health*).

☐ Accessing non-clinical/de-identified data remotely on a UCLA-owned and approved device.

- Please specify what data will be accessed and how data will be accessed:

_____

☐ Using a USB memory device for non-clinical/de-identified data ON-SITE only (*must be password protected AND encrypted by UCLA Health*). The Inviting Supervisor is responsible if the device is stolen/lost.

SECTION 6 Part A: Other Duties NOT Listed ☐ **Section 6 Part A does NOT apply**

To Be Reviewed and Approved By: Volunteer Office and Other Offices (*if applicable*)

- **Please list any other duties the Applicant will be performing that are NOT indicated in Sections 1-5.**
- **If you need more space, please attach a list of other duties the Applicant will be performing.**

☐ **Duty #1:**_____

Training required:_____

☐ **Duty #2:**_____

Training required:_____

☐ **Duty #3:**_____

Training required:_____

☐ **Duty #4:**_____

Training required:_____

SECTION 6 Part B:

- **Please read the SECTION 1 before answering the following question.**

Will the Applicant be involved in any clinical observations/shadowing? ☐ Yes ☐ No

Please explain type of observations: _____

AGREEMENT SECTION:

☐ **By checking this box, I, the Inviting Supervisor, agree to the following:**

- The Applicant will be trained and qualified to perform such activities indicated on this form including (*if applicable*) IRB protocol and training requirements (CITI Training) and lab requirements (EH&S Training).
- To ensure the Applicant does NOT start ANY duties/activities (*including in-person training, etc.*) until they complete the clearance process with the Health Sciences Volunteer Office specifically for the assignment described in this form.
- To that ensure the Applicant will be supervised by a paid UCLA employee of the department when performing duties.
- To ensure that the Applicant will perform within the capacity of hours/week indicated on this form and no more than 6 hours/day.
- To request the Applicant's access (*Prox, MedNet, etc*.) to be disconnected when they are no longer active.

By signing below, the following parties agree that they understand the following:

- The Inviting Supervisor attests that the provided information on this form is true and correct and that **ANY changes or updates** will be reported to and approved by the Health Sciences Volunteer Office.
- The Applicant attests that they understand this form serves as their service description and that they are **NOT permitted to perform** any duties NOT listed or approved on this form.

Inviting Supervisor's Name	Inviting Supervisor's Signature	Date
Applicant's Name	**Applicant's Signature**	**Date**

SUBMISSION INSTRUCTIONS:

- **Once completed and signed, please scan this document for the Applicant to upload through the Health Sciences Volunteer Website: https://volunteer.healthsciences.ucla.edu/pages/**
- **Please ensure any additional forms or addendums are scanned with the Scope of Duties form in ONE file to be uploaded. The Volunteer Personal Device Form may be uploaded separately.**
- **Scope of Duties Form RENEWALS or EXTENSIONS for current Volunteers/UCLA SRP Students should be uploaded to the Health Sciences Volunteer Website.**

VOLUNTEER OFFICE USE ONLY

Volunteer Coordinator's Name	Signature	Date

ADDITIONAL NOTES:

VOLUNTEER SERVICES
CLINICAL RESEARCH VOLUNTEER SCOPE OF DUTIES
UCLA BRAIN MAPPING CENTER ADDENDUM

Name of Volunteer:

All below duties will be directly supervised by a paid laboratory employee (BMC Techs will not supervise volunteers)

SECTION 6: Brain Mapping Center Data Acquisitions (check all sections that apply)

☐ **3T MRI – Magnetic Resonance Imaging (requires BMC MRI Safety Certification)**

- Give the participant the MR safe clothing to change into when necessary
- Review the MR screening form for completeness ONLY - the laboratory staff must verify that the participant is safe to scan
- Assist staff when positioning participants on the scanner bed – volunteers are not permitted to handle coils or operate the MR bed or controls
- Give the participant applicable ancillary equipment: button box, headphones, cushions and/or goggles
- Set up and turn on ancillary equipment* (except physio devices – volunteers may not setup physio equipment)
- Give the participant hearing protection (earplugs and/or headphones)
- Give the participant the emergency squeeze ball/button
- If needed, hand the participant prescription lenses to assess strength and then put the appropriate lenses in the MR safe goggles
- Talk to the participant over the intercom to ask them how they are doing and to let them know how long the next scan will last
- Read task/stimuli instructions or ask survey questions from a script ONLY
- Clean up scanner/control room: turn off, put away and clean ancillary equipment* with alcohol prep pads when applicable
- Serve as a "safety second" during scans to assist laboratory staff in the event of an emergency, duties may include:
    - Get help per the MRI safety training protocol
    - Help remove the participant from the MRI scanner bed using the MR-safe gurney and/or wheelchair
    - Retrieve and use the AED outside the scanner room
    - Press the electrical shutdown and/or quench buttons when deemed necessary per MRI safety training

*Button boxes, squeeze ball/button, headphones, goggles, cushions, cables, laptops, projector

☐ **7T – Magnetic Resonance Imaging (requires BMC MRI Safety Certification)**

☐ **TMS – Transcranial Magnetic Stimulation (requires BMC TMS Safety Certification)**

- Record data measurements
- Clean equipment
- Assist in the event of an emergency per TMS safety training

☐ **tDCS – Transcranial Direct Current Stimulation**

- Clean equipment

Principal Investigator Signature:_____ Date:_____

Volunteer Signature:_____ Date:_____