

VOLUNTEERING AT UCSF

Campus Department Guidelines

Volunteers are an integral part of UCSF. Individuals volunteer as a public service, for civic and humanitarian as well as personal development reasons. Volunteers freely donate their services without promise or expectation of pay or future employment. UCSF provides these opportunities as a public service. ***Please see page 2 for observer information.***

It is critical in protecting the interests of both the University and the volunteer that their work status as “volunteer” be distinct and separate from the status of paid employees. However, it is the responsibility of the department director or manager to oversee their work to ensure that volunteers comply with all applicable University policies as well as all State and Federal laws. Thus, the department must complete a ***Volunteer Duties and Responsibilities*** form for each volunteer.

A volunteer may seek an assignment to acquire practical experience in the UCSF work setting. However, any activity specifically performed for academic credit or professional advancement is ***not considered*** as volunteer service and should be guided by an appropriate affiliation or professional service agreement. Volunteers may only be utilized to supplement or complement functions performed by regular staff or faculty. ***They may not displace regular employees*** or assume responsibility for duties assigned under current job classifications other than on an incidental basis.

Before volunteers assume their duties, the department must comply with the following requirements:

- Complete a ***Volunteer Duties and Responsibilities*** form. Send a copy of this form to your HR Service Center (along with a copy of the signed ***Waiver of Liability***) and retain the original for the duration of the volunteer’s assignment plus one year.
- Fill out the details and then obtain the volunteer’s signature on an ***Individual Waiver of Liability*** form. The department should retain the original, signed copy of this form for the duration of the volunteer’s assignment plus one year.
- Review the ***Compliance Guidelines (page 3)*** and ensure that volunteers receive all required vaccinations/immunizations in addition to required training and/or screenings as specified.
- Have your department Identity Worker register the volunteer in the OLPPS ***Individual Identifier Database (IID) System by entering/verifying them in the "IASN" screen then make "IDAF" entries for the department (depcode) and title code (VOL) affiliation.*** The final step is to determine if the department or the volunteer pays for the ID card. If the department pays for the card, ***enter the dpa/fund into the "ICRD" screen*** otherwise let the volunteer know they are a "self-pay" for the ID Card. Then refer the volunteer to a We ID service location to obtain a ***UCSF We ID card.***
- If the volunteer will be working in the Medical Center, refer the volunteer to:
Volunteer Services Department - UCSF Medical Center
505 Parnassus Avenue, M167 (415) 353-1196
<http://www.ucsfhealth.org/adult/about/volunteer.html>
- **Persons participating in the provision of clinical care** cannot be enrolled under this program. Please contact the UCSF Medical Center Risk Management office at 353-1842 or online at <http://rm.ucsfmedicalcenter.org/index.html>.
- **Clinical Access:** Individuals who do not fall within the definition of the Medical Center’s “workforce” (i.e. any individual, paid through UCSF, performing responsibilities or services essential to the operations of the Medical Center) are not permitted to access clinical systems. Therefore, volunteers are not to be allowed access to clinical information systems.

Who is NOT a volunteer?

- **Individuals with Non-Immigrant Visa Status** (including individuals on a visitor visa) cannot volunteer at UCSF. These individuals may qualify to be ‘visitors or observers’ - please contact the International Student and Scholars Office for more information.
- **Observers** are not volunteers because they are not performing service for UCSF. Visitors and observers are individuals who are visiting UCSF premises for very limited amounts of time (usually one day or less) for non-service related reasons.
If you are planning on inviting an observer to your department, the following guidelines will apply: <http://hipaa.ucsf.edu/education/visitors/default.html>
- **Contractors** performing services under a paid contract for UCSF are not volunteers.
- **Human Research Participants** are not volunteers for purposes of work experience at UCSF.
- **Mentorees** are not volunteers - their activities are part of a curriculum leading to academic credit, professional licensure, or certification.
- **Students** are not volunteers when the services they provide are part of a curriculum leading to an academic degree, professional licensure, or certification.
- **Post-Doctoral Scholars, Residents and Clinical Fellows, and Visiting Faculty** are not volunteers. Consult with your HR representative for guidance.
- **Workers performing work for a non-UCSF employer** are not volunteers – they are employees of their employer and should only be on-site if they have contracted business with UCSF.
- **Interns**, subject to affiliation agreements with other educational institutions and community organizations, are not volunteers because their activities are part of an ongoing educational program.

Compliance Guidelines for Campus Volunteers	Required?
1. Health Screening (Including Health Assessment, TB screening, Immunizations). Refer to this matrix for guidance: http://www.occupationalhealthprogram.ucsf.edu/Forms/Service_Matrix.xls	Yes, see the Occupational Health Matrix for guidance
2. Background Check performed by Consumer Reporting Agency or Fingerprinting	Yes - if volunteer is working with children
3. Confidentiality Statement	Yes
4. HIPAA Training – Click here for guidance on requirements for volunteers: http://hipaa.ucsf.edu/education/volunteers/default.html	Yes
5. Safety Training(s) and Orientation (including fire/safety) Volunteers require the same safety training as regular employees	Yes
6. Department Orientation	Yes
7. ID Badges	Yes
8. Parent/Guardian Signature on Forms (If volunteer is under 18)	Yes
9. Liability Waiver Form	Yes

Department Review of Volunteer Experiences

Relevance/Appropriateness:

- What is the rationale for sponsoring this volunteer experience? The experience should be consistent with mission of University but not supplant any existing positions.
- Are activities of the volunteer(s) supplementing duties performed by regular employees? Or are they displacing regular employees? If displacing, assignment cannot go forward. Please consult with your departmental Human Resources representative for further questions on labor issues.
- Are the volunteers receiving academic credit and/or is the activity considered a part of their student curriculum? If so, assignment is subject to an affiliation agreement with their home institution.

UCSF Oversight:

- How will supervision be provided? Develop a plan for the supervisor who will provide oversight for the activities being performed.
- Will activity involve participants under the age of 18? If so, the volunteer duties and supervision plan will need to be reviewed and approved by a parent/guardian of the volunteer.

Additional Risk Issues:

- How will volunteers travel to/from UCSF or while volunteering? If transportation is provided by a UCSF student, faculty, or staff person (not recommended), do they have a valid CA Driver's License and sufficient auto liability coverage? Contact Risk Management and Insurance Services for further information.
- What safety or security measures will be in place specific to the activities involved? (Review use of safety equipment; emergency procedures; HIPAA training; etc.)
- Is the volunteer experience a one-time occurrence or are there similar experiences coordinated with the same outside organization or school? If recurring, consider development of a Memo of Understanding or affiliation agreement with the outside organization to spell out roles, responsibilities.

Department Plan for Supervision **(REQUIRED)**:

Supervisor Checklist - **Check box to indicate item has been completed (REQUIRED)**:

Completed Not
Applicable

- Retain copies of immunization verification (if required) for volunteer activities.
- Complete the training and forms provided on this website:
<http://hipaa.ucsf.edu/education/volunteers/default.html>
- Complete and retain documentation re: required training (lab safety, etc.) and date(s) the training was completed by the volunteer.
- Note any travel requirements and authorization above in the Department Plan for Supervision.
- Advise volunteer that if an injury occurs while volunteering, they should seek care with their personal physician. If immediate care is necessary, refer to the UCSF Emergency Department and notify Risk Management and Insurance Services.

By Signing below, I acknowledge that I desire to volunteer my services and perform the duties listed above. I understand that the above-named supervisor or designee will supervise me while I perform these duties. I understand and agree that I will not be compensated for these services and that I serve at the pleasure of the above-named supervisor.

Signature: _____
(Signature of UCSF Volunteer)

Date: _____

Signature: _____
(Signature of Parent/Guardian if volunteer is under 18)

Date: _____

By signing below, I acknowledge that I have reviewed and approve the Volunteer Assignment and Duties and the Department Plan for Supervision. I also authorize the charge to the fund number on page 1 for the volunteer's identity badge:

Signature: _____
(Signature of Department Director or Manager)

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 Signature of Participant Date