 **College of Medicine**

**Volunteer Checklist**

**This form must be completed and sent along with the supporting documentation electronically to:** [**HR@comfs.ufl.edu**](mailto:HR@comfs.ufl.edu)

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| --- | --- | --- |
| **Volunteer Name (Full Name)** | **Volunteer UFID** | **Dept./Division** |
| **Dept. Contact (Full Name)** | **Dept. Contact Phone** | **Dept. Contact Email** |

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| --- | --- |
|  | \*[**Record of Volunteer Service**](https://hr.ufl.edu/wp-content/uploads/2018/04/volunteer.pdf) |
|  | **\***[**Volunteer Invitation Letter**](http://adminaffairs.med.ufl.edu/files/2012/06/Volunteer-letter-for-duties.pdf)**: Please describe duties in detail** |
|  | \*[**Emergency Contact**](https://hr.ufl.edu/wp-content/uploads/2018/03/emergency.pdf) |
|  | \*[**Confidentiality Statement**](http://privacy.ufl.edu/uf-health-privacy/confidentiality-statement/) |
|  | \* [**HIPAA & Privacy- General Awareness**](http://privacy.ufl.edu/privacy-training/hipaa-training/hipaa-privacy-general-awareness/) **-or-** [**HIPAA for Researchers**](http://privacy.ufl.edu/privacy-training/hipaa-training/hipaa-privacy-for-research/)  **(only if involved with human research)** |
|  | \*[**Supervisor Checklist for Health Assessments**](http://webfiles.ehs.ufl.edu/jobduty.pdf) |
|  | \*\*[**Volunteer Request to Observe Patient Care or Access Restricted Information**](http://privacy.ufl.edu/wp-content/uploads/2014/12/FF-OG-CF-VolObsv.pdf) |
|  | \*\*[**Health Assessment (INOP) Form**](http://www.ehs.ufl.edu/programs/occmed/forms/) **Required if patient contact or animal contact and etc.**  **Require confirmation that volunteer has been cleared through Workforce Monitor in Peoplesoft.** |
|  | **\*Copy of Driver’s License (if Foreign National then Gator1 Card or passport)** |
|  | **\*\*\*Copy of I-94 front and back, EAD, I-20 and/or DS2019 if Foreign National** |
|  | [**Professional Liability Questionnaire**](http://flbog.sip.ufl.edu/uf/forms/PLQUFPhysicians_1010.pdf) **(only for faculty)** |
|  | **\* Mandatory Compliance Training Certificate for all clinical departments or confirmation email from the General Counsel that volunteer is exempt from training** |

**\* Required for all volunteers**

**\*\* Required if volunteer will have patient observation/contact, access to restricted information, and/or animal or blood contact.**

**\*\*\* Required if volunteer is a Foreign National**

**Please note that the volunteer request cannot be processed in a timely manner if there are items that are missing from the checklist.**

**7.3.18**