

Volunteer Appointment Request Checklist:

- Volunteer Appointment Form
- Oath and Patent Acknowledgement
- Personal Data Form
- Volunteer Agreement
- Volunteer Expectations



UC San Diego

HEALTH SCIENCES

Volunteer Appointment Form

Name _____
First and Last name Middle

Begin Date _____ / End Date _____ Date Prepared _____

Home Dept Unit Code 00301 Home Dept Name Family Medicine & Public Health Mail Code 8912 C

Department Contact Cheryl Minas Telephone _____ Email cminas@ucsd.edu

Citizenship Status (Required): Citizen Yes No Visa Status (if applicable): _____

UC Student Status (please check)
 Registered Not Registered
 Undergraduate Graduate

Are you currently on UCSD pay status?
 Yes No
 If yes, please check one of the following:
 Career Contract Limited Student

List any near relatives who are UCSD employees _____

Title: **Volunteer** Title Code: **9900/Without Salary**

Describe the nature of volunteer efforts / Comments:
 Assist as needed at UCSD Student Run Free Dental Clinic sites

I am volunteering my services to the University of California, San Diego for the purpose of _____ experience _____ in the _____ FMP/UCSD Free Clinic Project _____ Department solely for my personal reasons or benefit without promise or expectation of compensation or University benefits. My volunteer services will not be performed in my regular department or in connection with regular duties, and I understand that I will not displace a regular status employee.

 Volunteer's Signature

 Date

 Departmental Authorization Signature
 Shireen Tabatabai

 Date
 0696

 Prepared by

 Mail Code Telephone

**** Please forward all original forms listed above to Health Sciences Human Resources at mail code 8912 for review and authorization. Health Sciences HR will e-mail an approved copy of the Staff Volunteer Appointment Form to the department.**

 Human Resources Signature

 Date