

University of California, San Diego



*Volunteer Appointment with the UCSD Student-Run Free Clinic Project*

**Please complete:**

**Name:**

**Address:**

  

**E-mail(s):**

**Phone number(s):**

**Emergency Contact: Name:**

Phone:

**Dental Volunteer Coordinator:** Titania Huang

**Program Director:** Donna Kritz-Silverstein, PhD

**Summary of Position:**

Volunteer in the Student-Run Free Clinic Department to provide services to UCSD Student-Run Free Clinic Project at UCSD Student-Run Free Dental Clinic sites. Specific details of individual position noted on the UC San Diego Health Sciences' Volunteer Appointment Form.

**Volunteer Appointment Form**

**Name**   
\_\_\_\_\_

First and Last name

Middle

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

**UC Student Status** (please check)

Registered  Not Registered  
 Undergraduate  Graduate

**List any near relatives who are UCSD**

employees:

**Are you currently on UCSD pay status?**

Yes  No

**Date of Birth:**

**Sex:** Male  Female

I am volunteering my services to the University of California, San Diego for the purpose of \_\_\_\_\_ 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** \_\_\_\_\_

\_\_\_\_\_ To Be Filled Out By Department Only \_\_\_\_\_

Begin Date \_\_\_\_\_ / End Date \_\_\_\_\_ Number of Hours Per Week: \_\_\_\_\_

Home Dept Unit Code \_\_\_\_\_ Home Dept Name \_\_\_\_\_

Department Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor: \_\_\_\_\_

\_\_\_\_\_ Departmental Authorization Signature

\_\_\_\_\_ Date

Describe all volunteer responsibilities:

Describe the training and orientation that the volunteer will receive:

Dept. Request Reviewed by HR

HR Approval

## University of California Patent/IP Acknowledgment

I acknowledge that the Policy on Inventions, Patents, and Innovation Transfer (“the Policy”) applies to me.

1. I hereby assign University IP (as defined in the Policy) to the University.
2. I will promptly disclose all Inventions (as defined in the Policy) to my local authorized licensing office and will provide to the University all documents necessary for obtaining legal protection for University IP and entering into commercialization agreements.
3. I acknowledge that I am responsible for ensuring that any employment/consulting agreements I enter into with third parties do not conflict with my preexisting and ongoing obligations to the University and that any agreements I enter into relating to University IP are subordinate to my obligations under the Policy and this Patent/IP Acknowledgment.

A copy of the Policy can be found here: <http://policy.ucop.edu/doc/2500493/PatentPolicy>. The University agrees that I have no obligation to assign any Intellectual Property qualifying fully under the provisions of [Cal. Labor Code § 2870](#).

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Signature

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Date

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Name (Print)

SRFC

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Department

# UC San Diego Health

## ACKNOWLEDGEMENT STATEMENT UC SAN DIEGO HEALTH CORPORATE COMPLIANCE PROGRAM STANDARDS OF BUSINESS CONDUCT

My signature on this form acknowledges that I have received and agree to read the UCSD Health Sciences Corporate Compliance [Standards of Business Conduct](#) (also known as the Code of Conduct Handbook).

I also acknowledge that the Code of Conduct Handbook is only an outline of principles for individual and business conduct and do not, in any way, constitute an employment contract or an assurance of continued employment. A detailed corporate compliance program management manual can be read in my department business office and is available on the Internet (<http://health.ucsd.edu/compliance>).

I confirm that I have not been excluded by the federal government from participation in any governmental program, nor to the best of my knowledge, have I been proposed for exclusion. I agree to notify the corporate compliance officer or the university's Office of the General Counsel immediately upon my receiving written or verbal notification that I am proposed for exclusion from any governmental health care program.

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**Name (Please Print)**

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**Signature**

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**Date**

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**Department/Division**

## CHILD ABUSE REPORTING REQUIREMENT EMPLOYEE NOTIFICATION & ACKNOWLEDGEMENT

California state law Section 1165.7 of the Penal Code requires that any person who enters into employment on and after January 1, 1985, as a child care custodian, medical practitioner, or non- medical practitioner, or with a child protective agency, shall be a mandated reporter and prior to commencing employment, shall sign a statement that he or she has knowledge of the provisions of Section 11166 of the Penal Code and will comply with its provisions.

Section 11166 of the Penal Code requires that any mandated reporter such as a child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity, or within the scope of his or her employment, whom he or she is reasonably suspects has been a victim of child abuse to report the known suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone, and to prepare to send a written report thereof within 36 hours of receiving the information concerning the incident.

Any person who fails to report an instance of child abuse which he or she knows to exist or reasonably knows to exist, as required, is guilty of a misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than five hundred dollars (\$500) or by both.

The law also provides that a person who does report as required, or who provides a child protective agency with access to a victim, shall not be civilly or criminally liable for doing so.

To view the sections of the Penal Code which cover Child Abuse & Neglect Reporting, go to [http://www.leginfo.ca.gov/.html/pen\\_table\\_of\\_contents.html](http://www.leginfo.ca.gov/.html/pen_table_of_contents.html).

## ELDER/DEPENDENT ADULT ABUSE REPORTING REQUIREMENT EMPLOYEE NOTIFICATION & ACKNOWLEDGEMENT

California Welfare and Institutions Code Section 15630 requires that any person who assumes full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not he or she receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local enforcement agency, is a mandated reporter and is required to acknowledge understanding of the requirements for reporting.

Mandated reporters who have observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced abuse or reasonably suspects abuse that abuse of an elder or dependent adult has occurs shall report the known or suspected abuse by telephone or through a confidential internet reporting tool immediately or as soon as possible with a written report submitted within two (2) working days.

To view Section 15630 of the California Welfare and Institutions Code, go to <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic>.

I certify that I have read and understand the Child Abuse Reporting Requirement and the Elder / Adult Abuse Reporting Requirement and will comply with the reporting requirements expressed above.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Applies to all UCSD Health "workforce members" including: employees, medical staff and other health care professionals; volunteers; agency, temporary and registry personnel; and house staff, students, and interns (regardless of whether they are UCSD trainees or rotating through UCSD Health facilities from another institution).*

It is the responsibility of all UCSD Health workforce members, as defined above, including employees, medical staff, house staff, students and volunteers, to preserve and protect confidential employee, patient and business information.

The State Information Practices Act (California Civil Code sections 1798 et seq.) governs the acquisition and use of data that pertains to individuals. All of these laws establish protections to preserve the confidentiality of various personal and medical information and specify that such information may not be disclosed except as authorized by law or the patient or individual. The Federal Health Insurance Portability Accountability Act (HIPAA) Privacy Law, the Confidentiality of Medical Information Act (California Civil Code § 56 et seq.) and the Lanterman-Petris-Short Act (California Welfare & Institutions Code § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health care providers.

**Confidential Employee and Business Information includes, but is not limited to, the following:**

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from the University's records which if disclosed, would constitute an unwarranted invasion of privacy; or
- Disclosure of Confidential business information that would cause harm to UCSD Health.

**Confidential Patient Care Information includes:** Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. Examples include, but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Mainframe and department based computerized patient data and alphanumeric radio pager messages;
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient.

Peer review and risk management activities and information are protected under California Evidence Code section 1157 and the attorney-client privilege.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/ or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all employee records/medical records, proprietary information and other confidential information relating to UCSD Health and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
3. I shall only access or disseminate employee/patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of UCSD Health, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosure of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of UCSD Health affairs.
4. UCSD Health performs audits and reviews employee/patient records in order to identify inappropriate access.
5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
8. I understand that the law specially protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
9. My obligation to safeguard patient confidentiality continues after my termination of employment with the University of California.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the University of California may, as applicable and as it deems appropriate, pursue disciplinary action up to and including my termination from the University of California.

<b>Print Name:</b>	<b>Signature:</b>
<b>Department:</b>	<b>Dated:</b>

## UCSD INFORMATION SYSTEMS COMPUTER/INFORMATION USE AND SECURITY STATEMENT

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

I understand that in the performance of my duties at UCSD, I must hold information in confidence. I have read and understand the Rules of Conduct for University Employees Involved with Information Regarding Individuals (attached). I understand that unauthorized disclosure of personal/confidential information may result in charges of Invasion of Privacy.

I also understand that it is against UCSD Information Systems policy to seek out or use personal or confidential information relating to others for my own interest or advantage.

I understand that under California State Law any person who maliciously accesses, alters, deletes, damages, or destroys any computer system, network, computer program, or data is guilty of a felony.

I am aware that the References and Related Policies on the attached sheet outline University policies and State and Federal laws which govern use of computer systems and disclosure of information. I understand that failure to comply with the regulations may result in disciplinary action, which could include release from employment. Violation of local, state, or federal statutes may carry the additional consequence of prosecution under the law, where judicial action may result in specified fines or imprisonment, or both, plus the costs of litigation or the payment of damages, or both.

I acknowledge upon receipt of a UCSD Administrative Computing & Telecommunications computer access code (userid) and password; and understand that I will be responsible for all entries made thereunder. I understand that my userid and password are to be accorded the same significance as my handwritten signature and that the delegation of userid and password to another person, or my use of another persons userid, may be considered False Representation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **RULES FOR CONDUCT FOR UNIVERSITY EMPLOYEES INVOLVED WITH INFORMATION REGARDING INDIVIDUALS**

- A. Employees responsible for the collection, maintenance, use and dissemination of information about individuals which relates to their personal life, including their employment and medical history, financial transactions, marital status and dependents, shall comply with the State of California Information Practices Act. PPM-480-3 Privacy of and Access to Information, Legal Requirements and Implementing Procedures, shall be used as a basic source of guidance in administering the Act's provisions.
- B. Employees shall not require individuals to disclose personal information which is not necessary and relevant to the purposes of the University or to the particular function for which the employee is responsible.
- C. Employees shall make every reasonable effort to see that inquiries and requests relating to personal records of individuals are responded to quickly and without requiring the individual to unnecessarily repeat his or her inquiry to others. In other words, reasonable efforts will be made to place the responsibility on the Department for responding to the individual after his/her initial contact.
- D. Employees shall assist individuals who seek information pertaining to themselves in making their inquiries sufficiently specific and descriptive so as to facilitate the locating the records.
- E. Employees shall respond to inquiries from individuals, and requests from them to review, obtain copies of, amend, correct, or dispute their personal records in a courteous and business-like manner, and in accordance with PPM-80-3.
- F. Employees shall not disclose personal and confidential information relating to individuals to unauthorized persons or entities. The intentional disclosure of such information to such persons may be cause for disciplinary action.
- G. Employees shall not seek out or use personal or confidential information relating to others for their own interest or advantage. The intentional violation of this rule may be cause for disciplinary action.
- H. Employees responsible for the maintenance of personal and confidential records shall take all necessary precautions to assure that proper administrative, technical, and physical safeguards are established and followed in order to protect the confidentiality of records containing personal information and to assure that such records are not disclosed to unauthorized individuals or entities.

### **REFERENCES**

- A. Policy and Procedure Manual (PPM 480-3) Responsibilities and Guidelines for Handling Records Containing Information about Individuals.
- B. University Policy, Guidelines and Legal Requirements on Privacy of and Access to Information, June 9, 1978.
- C. University Policies Applying to the Disclosure of Information from Student Records, February 1, 1977.
- D. California Public Records Act (1976).
- E. California Information Practices Act (1977).
- F. California Education Code, Chapter 1.2, Division 16.5.
- G. California Penal Code, Section 502, Chapter 858, relating to Computer Crime.
- H. Federal Privacy Act of 1974.
- I. Federal Family Educational Rights and Privacy Act of 1974.
- J. Electronic communication Privacy Act of 1986.

## **RELATED POLICIES**

### **A) POLICY AND PROCEDURE MANUAL (PPM)**

- 1) 135-3 Network Security
- 2) 160-2 Disclosure of Information from Student Records.
- 3) 230-11 Maintenance of, Access to, and Opportunity to Request Amendment of Academic Personal Records.
- 4) 230-29 Policies and Procedures to Assure Fairness in the Academic Personnel Review Process.
- 5) 250-605 Staff Employee Personnel Records.
- 6) 250-605 (L-1) Staff Employee Personnel Records.
- 7) 460-5 Misappropriation of University Assets.
- 8) 480-3 Responsibilities & Guidelines for Handling Records Containing Information About Individuals.

### **B) BUSINESS AND FINANCE BULLETIN**

- 1) RMP-8 Legal Requirements on Privacy of and Access to Information.

### **C) INFORMATION SYSTEMS POLICIES**

- 1) Misuse of University Resources, 11/2/87.

Participant's name: \_\_\_\_\_

Please Print

UNIVERSITY OF CALIFORNIA, San Diego

Volunteer

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in  
Volunteering time/effort within Health Sciences

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**  
Participant's Age (if minor) \_\_\_\_\_



# UNIVERSITY OF CALIFORNIA

**WHISTLEBLOWER  
HOTLINE  
800-403-4744**

[universityofcalifornia.edu/hotline](http://universityofcalifornia.edu/hotline)

## What You Can Report:

Any activity by UC or a UC employee that;

- violates University policy
- violates a state or federal law or regulation, such as;
  - corruption
  - malfeasance
  - bribery
  - theft or misuse of government property
  - fraud
  - coercion
  - conversion
- wastes money, or
- involves gross misconduct, gross incompetence, or gross inefficiency.

## Where To Report:

- Systemwide Whistleblower Hotline  
800-403-4744  
[universityofcalifornia.edu/hotline](http://universityofcalifornia.edu/hotline)
- The UCSD Local Designated Official for the Whistle-blower and Whistleblower Protection Polices: [wbcontact@ucsd.edu](mailto:wbcontact@ucsd.edu)
- Your Supervisor
- Audit & Management Advisory Services
- Human Resources

## How To Report:

- In writing or orally
- With as much specific factual information as possible (Report what you know, but don't investigate—leave that to the experts!)
- Anonymously, if preferred

*Confidentiality will be maintained, to the extent possible.*

## Protection from Retaliation:

If you believe you have been retaliated against for blowing the whistle on improper activity, you may file a complaint with your Locally Designated Official, your Human Resources Department, your Academic Personnel office or your supervisor.

## For More Information:

The University's Whistleblower and Whistleblower Protection policies, and additional information, can be found online at <http://www.ucop.edu/uc-whistleblower/>.

## Other Reporting Mechanisms:

- State Auditor's Whistleblower Hotline, at 800-952-5665  
[www.auditor.ca.gov/hotline](http://www.auditor.ca.gov/hotline)
- California Attorney General's Hotline, at 800-952-5225

*You may also report fraud, waste & abuse involving specific federal programs directly:*

- Recovery Act Fraud Hotline (Misuse of Stimulus Spending), at (877) 392-3375
- Department of Defense Hotline, at 800-424-9098
- Department of Homeland Security Hotline, at 800-323-8603
- Rights & Remedies for Whistleblowers under the Federal Acquisition Regulation (FAR) Pilot Program — <http://ucal.us/far>
- Rights & Remedies for Whistleblowers under the Defense Federal Acquisition Regulation Supplement (DFARS) — <http://ucal.us/dfars>
- Enhanced Whistleblower Protection under the NASA Federal Acquisition Regulation Supplement (NFS) - <http://ucal.us/nasa>

# UC San Diego Health

I hereby acknowledge that I have received and read University of California's Whistleblower Hotline handout.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION AND CONSENT TO PHOTOGRAPH, PUBLISH AND RELEASE INFORMATION

### Faculty, Staff, Resident, Fellow, Student, Volunteer, Visitor, Patient's Family Release for Media/Public Relations/Educational Purposes

I, (name) \_\_\_\_\_

(title/position) volunteer \_\_\_\_\_ authorize The Regents of the University of California ("University"), including UC San Diego Health, their officers, agents, employees and students, to take photographs of me, to interview me, to publish, print and broadcast my voice and image, and to authorize other persons to do the same. The term "photograph" includes video or still photography, in digital or any other format, and any other means of recording or reproducing images. I understand that my identity may be revealed through my photographs and/or through the use of my name and voice. I agree that the University may use, and authorize others to use, my name, voice and image for public relations and news media purposes, such as for newspapers, web sites, news television programs or social media and for educational or research purposes, such as to illustrate medical lectures.

My permission is subject to the following limitations:

\_\_\_\_\_

\_\_\_\_\_

This Authorization will remain in effect unless specified. You have the right to request that the consent form be revoked. The revocation will take effect when UC San Diego Health receives notice by you, except to the extent UC San Diego Health or others have already relied on it. To contact the UC San Diego Health Sciences Marketing and Communications Department, please call **858-249-0456**.

### IN ALL CASES

I waive any right to compensation. I hold The Regents and their designees harmless from and against any claim for injury and or compensation resulting from the activities authorized by this agreement.

The term "photograph," as used in this agreement shall mean motion picture or still photography in any format, as well as video, web and any other means of recording and reproducing visual images and sound.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Circle one: faculty, staff, resident/fellow, student volunteer, visitor, patient's family, other (please specify \_\_\_\_\_)

For Patient's Family Members: NAME OF PATIENT: \_\_\_\_\_

Relationship: \_\_\_\_\_

Optional: ADDRESS: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_

**UCSD Pre-Dental Society Emergency Contact Form:**  
**IN CASE OF AN EMERGENCY, PLEASE CONTACT:**

**Volunteer Info:**

Name:	
Email:	
Phone:	
Signature:	

**Emergency Contact Info:**

First Name:	
Last Name:	
Relation:	

Address:	
City:	
State:	
Zip Code:	

Daytime Phone:	
Message or Home Phone:	

## UCSD Pre-Dental Society Shadow Session:

This form is **REQUIRED** when attending a shadow session in any clinic listed below. After attending a shadow session this form must be submitted with your application for processing.

### Volunteer Information:

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### Training Verification:

<b>Manager Name:</b>	
<b>Signature:</b>	
<b>Date of Training:</b>	
<b>Clinic:</b>	<input type="checkbox"/> Downtown Clinic <input type="checkbox"/> Lemon Grove Clinic <input type="checkbox"/> Pacific Beach Clinic



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## UCSD Pre-Dental Society Photobook:

Your photo is REQUIRED for your participation in the UCSD Pre-Dental Society / Free Dental Clinic Project.

### Volunteer Info:

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Photographer Info:

Photographer Name:	
Signature:	
Date Photograph Taken:	

**UCSD Pre-Dental Society MyPDS Registration:**

This form ensures proper registration of your MyPDS account. This account is used for tracking of your involvement in the UCSD Pre-Dental Society. The UCSD Pre-Dental Society does not guarantee tracking of involvement until this account is properly registered.

Registration occurs online, at <https://my.ucsdpds.org>. Please use the "Register" button at the link above to start. You MAY NOT use an email address registered with an ".edu" ending (e.g. @ucsd.edu).

**Volunteer Info:**

Name:	
Email:	
Phone:	
Signature:	

**Registration Verification:**

Registration Phrase:	
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