**Volunteer Checklist**

This form must be completed and send along with the supporting documentation.
Please electronically send the checklist and supporting documentation to the attention:

bnberryman@ufl.edu (Brian Berryman)

<table>
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<tr>
<th>Volunteer Name (Full Name)</th>
<th>Volunteer UFID</th>
<th>Dept/Division</th>
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<th>Dept Contact (Full Name)</th>
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**Record of Volunteer Service**

**Volunteer Invitation Letter:** Please describe duties in detail

**Emergency Contact**

**Confidentiality Statement**

**HIPAA & Privacy- General Awareness - or - HIPAA for Researchers** (only if involved with human research)

**Supervisor Checklist for Health Assessments**

**Volunteer Request to Observe Patient Care or Access Restricted Information**

**Health Assessment (INOP) Form** Required if patient contact or animal contact and etc. Require confirmation that volunteer has been cleared through Workforce Monitor in Peoplesoft.

*Copy of Drivers 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 (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.

4/28/2015