

Resource Desk Application 2014-2015

The SCOPE Resource Desk is a program geared towards giving students a hands-on experience with the medical field. The volunteers will be shadowing physicians and observing the diagnostic process. Volunteers will have direct patient interaction and are given the opportunity to provide aid for patients. Students will learn about valuable resources that can benefit the underprivileged people within their communities.

Quarterly Commitments: At least 1 four-hour shift each week, Monday through Friday

Annual Commitments: Volunteers must volunteer consecutive quarters. Volunteers who are inactive for 2 or more quarters must reapply for continued participation in the program

Professionalism: If selected to participate, volunteers must dress in business attire and demonstrate respect for the physician and patient. Privacy and courtesy are of utmost importance. You will be a representative of the SCOPE program, if accepted, and this must be kept in mind.

MANDATORY DATES FOR AVAILABILITY

Interviews: Tuesday, Wednesday 4 PM - 7 PM at Bombshelter

Orientation Sessions: Sunday, October 12th 12:00 PM - 4:00 PM

Class: Wednesdays 6 PM - 7:50 PM at Kerckhoff 131

APPLICATION IS DUE SUNDAY, OCTOBER 5th by 11:59PM

Instructions for Submission

Please follow these application submission instructions carefully. **Applications not following these guidelines will be ignored.**

1. Save this PDF file as: <Insert Your Name> - Resource Desk Application
2. E-mail application to scoperesourcedesk.ucla@gmail.com with subject header exactly the same as the file name

Example: Joe Bruin - Resource Desk Application

Applicant Information

Full Name _____

Student ID: _____

No dashes, spaces, or parentheses.

Phone Number _____

No dashes, spaces, or parentheses. Will automatically format.

E-mail _____

Major: _____

Year: _____

Will you be available for ton the mandatory dates?

Check off the dates / events you **are** available.

Interview

Orientation

Classes

Did you attend an information session?

Do you have a driver's license and do you have access to a car?

How did you here about SCOPE?

Please list any non-English languatges spoken:

What are your career goals?

Short Answer Questions

Please limit responses to **350** words or less

There are many student organizations at UCLA. Why did you decide to apply to the SCOPE Resource Desk Program?

Please describe your past volunteer and work experience. How will those past experiences help you work effectively with diverse populations? If you have no previous volunteer or work experience, please feel free to elaborate on other life experiences that are applicable.

Describe something that you are passionate about. How have you been able to balance that passion with your other priorities, such as school, work, or friends?

What is your favorite place on Earth and why?

Volunteer Agreement

VOLUNTEER AGREEMENT AND CERTIFICATION OF INFORMATION:

Believing that UCLA Healthcare has need of my services as a volunteer, I agree: To hold as absolutely confidential all information that may obtain directly or indirectly concerning patients, families, physicians, or personnel. I agree that I will not seek confidential information in regard to a patient. That I am applying for an unpaid, volunteer position and not paid employment. I understand and agree that neither this volunteer application nor the acceptance or performance of a volunteer position constitutes an employment relationship or a contract of employment. I further understand and agree that neither this volunteer application nor the acceptance or performance of a volunteer position constitutes a guarantee or promise of future employment. That if I accept a volunteer position, I have a duty to be familiar with UCLA Healthcare's rules, standards, and policies as they now exist or as they may be modified, added to, or abolished in the future. I agree to comply with and follow these rules, standards, and policies. I certify that the answers given by me to the foregoing questions are true and without omissions. I authorize UCLA Healthcare to investigate and/or verify any information relevant to my suitability as a volunteer. Any person giving misleading or false information will be subject to immediate termination.

By signing, you hereby agree to these terms and agreements.

Date: _____
MM/DD/YY

Please type your full name to serve as a digital signature.