

Volunteer Forms

Prior to beginning volunteer service, all students are required to complete and submit the documents below:

1. [Volunteer Cover Sheet](#)
 - Include any restricted PPHP computer drives to which you need access
 - Check with supervisor if you will have patient contact and mark accordingly
 - Have supervisor sign off (electronic approval acceptable)
2. [Record of Volunteer Service Form](#)
 - Be sure to complete name/relationship/phone # of two references in the "supervisor" section
 - Have supervisor sign off (electronic approval acceptable)
3. [Emergency Contact Form](#)
4. Complete [HIPAA for Researchers](#)
 - Send certificate of completion as email attachment
 - Training transcript from myufl also acceptable as proof of valid HIPAA training
5. Complete UF [Confidentiality Statement](#)
 - Send as email attachment

Please note it is encouraged that all forms be scanned or sent electronically. For hardcopies, please submit to Brittany Zabel, HR Office Assistant, in office suite 3151.

Patient Contact Forms

If you will be in contact with patients, you must also complete a health assessment and the forms listed under "Patient Contact" found here: <http://www.ehs.ufl.edu/programs/occmcd/forms/>.

1. Pre-placement Screening Patient Contact Form
2. N-95 Respirators Medical History Questionnaire
3. TB Surveillance Form

Contact Brittany Zabel zabel.brittany@php.ufl.edu, who will submit the INOP form that alerts the Student Health Care Center (SHCC) that a patient contact assessment is needed. Once INOP has been submitted, volunteer will be notified they can call the SHCC to set up their appointment time and given further instruction.

Please be aware the department will not be responsible for volunteer health assessment charges.