

**College of Medicine  
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](mailto:bnberryman@ufl.edu) (Brian Berryman)

Volunteer Name (Full Name)	Volunteer UFID	Dept/Division
Dept Contact (Full Name)	Dept Contact Phone	Dept Contact Email

	<a href="#">*Record of Volunteer Service</a>
	<a href="#">*Volunteer Invitation Letter</a> : Please describe duties in detail
	<a href="#">*Emergency Contact</a>
	<a href="#">*Confidentiality Statement</a>
	<a href="#">* HIPAA &amp; Privacy- General Awareness -or- HIPAA for Researchers</a> (only if involved with human research)
	<a href="#">*Supervisor Checklist for Health Assessments</a>
	<a href="#">**Volunteer Request to Observe Patient Care or Access Restricted Information</a>
	<a href="#">**Health Assessment (INOP) Form</a> Required if patient contact or animal contact and etc. Require confirmation that volunteer has been cleared through Workforce Monitor in Peoplesoft.
	<a href="#">*Copy of Drivers License (if Foreign National then Gator1 Card or passport)</a>
	<a href="#">***Copy of I-94 front and back, EAD, I-20 and/or DS2019 if Foreign National</a>
	<a href="#">Professional Liability Questionnaire (only for faculty)</a>
	<a href="#">* Mandatory Compliance Training Certificate for all clinical departments or confirmation email from the General Counsel that volunteer is exempt from training</a>

\* 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.