

## Instructions for Volunteering

Prior to submitting an application, please note the following requirements:

1. Candidates must be at least 18 years or older.
2. Per university policy, volunteers may not receive an EPIC account.
3. Fill out the Office of Research Affairs Internship portal:  
[https://ufl.qualtrics.com/jfe/form/SV\\_6lBphenMXsYoaCV](https://ufl.qualtrics.com/jfe/form/SV_6lBphenMXsYoaCV)
  - a. If you have a faculty or staff member you have already been in contact with, you will list their name at the end of the survey.
  - b. If you do not have a UF-Jacksonville contact yet, ORA will assist you in matching with a department, if one is available.

## Application

1. Volunteer to Request to Observe Patient Care form. Fill out:
  - a. Volunteer Information
  - b. In box 3, initial the first 2 statements
2. Record of Volunteer Service form. Fill out section 1 and sign.
3. Create a UFID (if you do not already have one from applying to UF, being a student at UF, or working for UF)
4. Complete the HIPAA training course at [mytraining.hr.ufl.edu](http://mytraining.hr.ufl.edu)
5. Fill out the UFID/Person of Interest Request form after you have your UFID.

Send the above documents to the department you will be working with.

## Department Responsibilities

1. Fill out the remainder of the Volunteer to Request to Observe Patient Care form, including signature of the sponsoring faculty member.
2. Fill out the remainder of the Record of Volunteer Service form.
3. Sign the UFID/Person of Interest Request form.
4. Create a Letter of Invitation on department letterhead that includes the description of the tasks and activities the volunteer will complete, and how they will interact with patient information that must be signed by the sponsoring faculty member.
5. Send a complete packet to [ORA@jax.ufl.edu](mailto:ORA@jax.ufl.edu) for UF COM-J sign off.
6. Send to the UF Privacy Office ([privacy@ufl.edu](mailto:privacy@ufl.edu)) for sign off and final approval.