

The Dean's Office can authorize interested volunteers to participate in research. All volunteer applications must be submitted to the Dean's Office for approval before the volunteer can begin. All volunteers must be in accordance with the linked policy. Volunteers may not take the position of a paid employee.

http://uvapolicy.virginia.edu/policy/HRM-001

## Instructions

- ➤ Complete the entire form and obtain signatures from volunteer, responsible U.Va. faculty member, and if appropriate, volunteer's parent.
- Send the document as a PDF as well as a copy of the volunteer's CV to the Dean's Office at <a href="mailto:jik8f@virginia.edu">jik8f@virginia.edu</a>. The approved form will be returned to the sender and allcc's.
- Retain the approved form in your department or center for 5 years after the volunteer activity has ended.

## Volunteer Information 1. Full Name 2. Address 3. Name of medical insurance carrier \*medical insurance is a requirement for all volunteers\* 4. Citizenship OU.S. Citizen O Permanent Residence Foreign National on US visa – note the following restrictions: B-1/B-2 Visas: may volunteer but cannot enter the country specifically for that purpose Elapsed J-1 visas in the 30-day grace period before returning home: may not volunteer F-1 and H-4 visas: precluded by the University from volunteering for work that paid employees normally perform. If applicable, specify type of visa and effective dates: 5. Work Status (check all that apply) Under 18 years of age. Family of a U.Va. Employee and working in that family member's lab/office. Faculty. Requires an unpaid faculty appointment. Student. Provide name and location of volunteer's school below: Volunteer has pending employment at U.Va. (explain below) Other - Explanation:

P.O. Box 400772 • Charlottesville, VA 22904-4772

Phone: 434-924-3389 • Fax: 434-924-1317

6.	Emergency co	ntact	
	Name		
	Phone #		
	Address		
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Pro	posed Volunte	er Activities	
7.	Describe the a	uthorized scope of activities.	1
8.	Authorized pe	riod for conducting volunteer activities. Please include scheduled days of the w	eek and hours l
Sa	Lfety and Trainir	ng.	l
9.	training for the  REQUIR equipmen  Use of very Human surrequire Cl Research agents, or	le faculty member must ensure that the volunteer has completed all required e start date. Check all that apply to the volunteer's responsibilities: <b>ED:</b> training on life safety issues (ie. Location of fire exits, use of protective t, etc.)  rebrate animals requires IACUC training.  bjects research and projects involving access to data with personal identifiers TI human subjects and/or HIPAA privacy training involving radioactive material (EHS Radiation Safety Training) or infectious human specimens (Institutional Biosafety Committee Training).  other appropriate departmental safety issues:	
<u>Otl</u>	l ner		
	Additional inf	formation that the responsible faculty member wants to have documented (e.g., addations that must be made for the volunteer)	

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Name	Signature	Date	
er			
		on behalf of the University of Virginia, and the terms and conditions of my volunted	
l in this memoran	dum, and further understand that for	my personal safety I must follow the direct	ctions of t
as a Volunteer,	I am not covered by University or Co	per supervising my activities. I also hereb mmonwealth insurance programs such as	employee
		dge that the University may deem it nece er. I understand that I volunteer my service	
e of the staff and	management of the University of Virg	ginia, and that my services may be termin	
	e discretion of the University		
reason, in the sol	e discretion of the Oniversity.		
reason, in the sol	e discretion of the oniversity.		
reason, in the solo	Signature	Date	_
Name		Date	
Name	Signature	Date	
Name	Signature	Date	_
Name Parent of Volunt	Signature eer (if applicable) Signature		_
Name Parent of Volunt Name	Signature eer (if applicable) Signature		

Date

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Signature

Name