

University of Virginia School of Medicine
Approval for Volunteers Participating in SOM Research Activities
Effective date: June 16, 2017

The School of Medicine can authorize interested volunteers to participate in research. Volunteer activities are governed by <http://www.medicine.virginia.edu/administration/office-of-the-dean/administration/school-policies/Volunteers-in-Research.pdf>.

Instructions

1. Complete the entire form and obtain signatures from volunteer, responsible PI, and if appropriate, volunteer's parent.
2. Send the document as a PDF to the Office for Research at sw@virginia.edu. To sign digitally, save to PDF and then sign. The approved form will be returned to the sender and all cc's.
3. Retain the approved form in your department or center for five years after the volunteer activity has ended.

Volunteer information

1. Name and address:

 2. Date of birth (for network access, documenting age of minors):

 3. Name of medical insurance carrier:

 4. Citizenship:
 - U.S. citizen
 - Permanent resident
 - 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-2 and H-4 visas: precluded by the University from volunteering for work that paid employees normally perform.If a foreign national, specify nationality, type of visa, and effective dates:

 - Citizen of Cuba, Iran, North Korea, Sudan, or Syria (sanctioned countries for federal export control purposes; inform the [Office of Export Controls](#))
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5. Work Status (check all that apply):
 - Under 18 years of age
 - Family of a UVa employee and working in that family member's lab/office
 - Faculty. Requires non-paid faculty appointment.
 - Student. Provide name and location of volunteer's school below:
 - Volunteer has pending employment at the University (explain below):
 - Other (explain below):

Explanation(s) of above:

6. Emergency contact (name, address and phone number):

Proposed volunteer activities

7. Describe the authorized scope of activities.

8. Start and end dates of the period for conducting volunteer activities.

If this period must be extended, send an e-mail to the Office for Research for re-approval, describing revised end date and any changes in scope of volunteer activities or required training.

Safety and training

9. The responsible faculty member must ensure that the volunteer has completed all required training before initiating research. Check all that apply to the volunteer's research responsibilities:

- Required** – training on life safety issues (i.e. location of fire exits, use of protective equipment, etc.).
- Use of vertebrate animals requires IACUC training.
- Human subjects research and projects involving access to data with personal identifiers require CITI human subjects and/or HIPAA privacy training.
- Research involving radioactive material (EHS Radiation Safety training) or infectious agents, or human specimens (Institutional Biosafety Committee training).
- Describe any other appropriate departmental safety issues:

URL for training: <http://www.medicine.virginia.edu/research/offices/research/home/compliance-training>.

Other

10. Additional information that the responsible faculty member wants to have documented (e.g., ADA accommodations that must be made for the volunteer):

Signatures and approval

Responsible faculty

Print name

Signature

Date

Volunteer

As an authorized volunteer, I understand that I will be acting on behalf of the University of Virginia, and I will conduct my activities accordingly. I have read and agree to the terms and conditions of my volunteer activities outlined on this form, and further understand that for my personal safety I must follow the directions of the faculty member supervising my activities.

Signature

Date

Parent or guardian (if volunteer is under 18 years of age)

Print name

Signature

Date

School of Medicine approval

Signature

Date