University of Virginia School of Medicine
Approval for Volunteers Participating in SOM Research Activities
Effective date: April 12, 2019

The School of Medicine (SOM) can authorize interested volunteers to participate in research under the supervision of a SOM faculty member. Volunteer activities are governed by the SOM policy, Volunteers in Research (http://www.medicine.virginia.edu/administration/office-of-the-dean/administration/school-policies/Volunteers-in-Research.pdf).

Who should complete this form?
- Volunteers who do not have a training or financial relationship with UVA.
- Employees of UVA who do not perform research or whose job does not who wish to volunteer in research outside of their working hours.
- UVA students who currently are not receiving academic credit for research. If a student is performing research for credit and continues to work after that term ends, s/he should complete a volunteer form.
- Trainees on stipends need not submit a volunteer form to participate in SOM research.
- Note: volunteers must be at least 16 years of age.
- If a volunteer's approved period is still active and the responsible faculty member wishes to extend that volunteer period, do not use this form. Rather, send an e-mail to the Office for Research requesting an extension, including the new end date and any changes in scope of volunteer activities or required training.
- Foreign nationals on US visas are restricted as follows:
  - 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*.

Instructions
1. Complete the entire form and obtain signatures from volunteer, responsible SOM PI, department administrator, and if appropriate, volunteer's parent.
2. The department administrator should send the document as a PDF to the Office for Research at RResearchVolunteers@hscmail.mcc.virginia.edu. Digital signatures are preferred to handwritten signatures. The approved form will be returned to the sender and all cc's.
3. The volunteer may not begin to perform research before the form has been approved.
4. The department or center should retain the approved form for five years after the volunteer activity has ended.

Volunteer information
1. Name, address, and phone number:

2. Date of birth (for network access, documenting age of minors). If the volunteer is a minor, the faculty member is referred to the University of Virginia policy on minors (http://uvapolicy.virginia.edu/policy/HRM-047).

3. Name of medical insurance carrier. *If a foreign volunteer, can state that medical insurance will be*

purchased before the volunteer begins research at the School of Medicine.

4. Citizenship:
   ☐ U.S. citizen
   ☐ Permanent resident
   ☐ Foreign national on US visa. *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)

5. Work Status (check all that apply):
   ☐ Under 18 years of age
   ☐ Family of a UVa employee <u>and</u> working in that family member's research group
   ☐ 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 and period, safety and training

7. Describe the authorized scope of activities. Provide sufficient detail to permit the approver to align risks (e.g., PHI, BSL, animal use) and required training (#8).

8. The responsible faculty member must ensure that the volunteer has completed all required training that is checked below *before initiating research*.

   ☒ **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).
   ☐ Use of infectious agents or human specimens (Institutional Biosafety Committee training).
   ☐ Describe any other appropriate departmental safety issues:

9. Specific start and end dates for the volunteer experience. (May not exceed one year.)

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

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 and date

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

_____

Print name   Signature   Date

Responsible faculty

_____

Print name   Signature   Date

Department administrator

_____

Print name   Signature   Date

<u>School of Medicine approval</u>

Signature and date