Reference Guide
UVA School of Medicine
Students and Volunteers in Research Labs

The UVA School of Medicine Students and Volunteers in Research Labs Form is a DocuSign PowerForm.

Important Notes
1) Use this form for:
   - *all UVA students*, whether receiving academic credit or not, and whether paid or not.
   - all individuals who do not have a formal training or financial relationship with UVA (i.e., volunteers).

2) Determine who in the department will act as the initiator to 1) begin the process in DocuSign and 2) complete the department's section of the form. The initiator acts as the "driver" of the document and will assign each the role in the routing process listed below.

Routing Process
1) **Department Initiator** – This is the department employee who will determine the routing steps in DocuSign and complete the department's section of the form. This could be the department administrator, lab manager, or an administrative assistant within the department. **Note**: It will be necessary to gather some information from the student/volunteer prior to beginning the process.

2) **Student/Volunteer Information** – Depending on the department's preference, this portion may be completed by either the department or the student/volunteer.

3) **Responsible Faculty Member** – The faculty member must review and sign the form. **Note: Faculty members may not supervise or oversee the work of a family member. In cases where a family member is participating as a student or volunteer, an unrelated faculty member must be designated as the responsible supervisor.**

4) **Student/Volunteer Signature** – The student/volunteer must review and sign the completed form.

5) **Parent/Guardian Signature** – The department initiator should *only* include the parent/guardian in the routing process if the student/volunteer is a minor (under the age of 18). The Parent/Guardian must review and then sign the form.

6) **Department Administrator Approval** – The department administrator is responsible for final departmental approval before the form routes to the SOM Dean's Office for approval. If the department initiator is also the departmental administrator, the name/email must be listed as both the initiator and the department administrator.

7) **SOM Dean's Office Approval** – The form will automatically route to the correct email address for approval.

Recommendations
- Gather all necessary information from the student/volunteer prior to beginning the process.
- Inform all parties to expect an email from DocuSign to complete and sign their part of the form.
- Follow the progress of the form in DocuSign and send reminders when needed to ensure the form is promptly completed/signed.
- When selecting the work start date, plan carefully to include time for the routing/signing of the form, as the student/volunteer CANNOT begin before the SOM Approval Date.

<mark>TO BE COMPLETED BY THE DEPARTMENT</mark>

The department will be responsible for completing initial information on the student/volunteer that links to UVA policies and could prevent the individual from participating. The department will need to have this information available:

- **Student/Volunteer First, Middle, and Last Name**
- **Student/Volunteer Email**
- **Student/Volunteer Date of Birth**
- **Is the student/volunteer under the age of 18 (a minor)?**
  If yes, per UVA Policy HRM-050, the faculty member supervising the minor must register with the UVA Office of Youth Protection and complete the necessary requirements before submitting this form. The form will be rejected if the Office of Youth Protection has not been notified and/or the necessary requirements are not fulfilled.
- **Name of Department or Center**
- **Is the individual a citizen of Cuba, Iran, North Korea, Sudan, or Syria?**
  If yes, these are sanctioned countries for federal export control purposes and the department must contact the UVA Office of Export Controls for further instructions prior to moving forward.
- **Is the individual a non-paid faculty member?**
  If yes, the department must review the policy on visiting scholars/faculty to ensure the faculty member does not fall within those parameters: UVA Policy PROV-013. If deemed to be a volunteer, a full explanation regarding the faculty member's status must be included.
- **Work Status: Is the individual a UVA student receiving payment or class credit?**
  - <mark>If YES</mark>, select from one of these:
    - UVA Student – Paid/Work Study
    - UVA Student – Receiving Class Credit
  - <mark>If NO</mark>, select from one of these:
    - UVA Student Volunteer – Not Paid/No Class Credit
    - Non-UVA Student (other university or high school) – Must include school name and location.
    - Volunteer – with no family or employment ties to UVA
    - Volunteer – working in family member's UVA research group
    - Volunteer – has pending employment at UVA
    - Non-Paid Faculty Member
    - Other
- **Work Start Date:** Allow at least 7 business days for SOM Approval. The individual cannot begin before the SOM approval date.
- **Work End Date:** Must be less than one year from the work start date.
- **Number of Hours Per Week:** List the estimated number of hours per week the individual will work.
- **Additional Information:** Optional field – for use if needed.
- **Describe Authorized Scope of Activities**
- **Check appropriate boxes for Required Training**
- **List any other training:** Optional field – for use if needed.
- **Check appropriate boxes for Personal Protective Equipment**
- **Answer question related to Hazardous Materials and Equipment**

TO BE COMPLETED BY THE STUDENT/VOLUNTEER OR DEPARTMENT

Depending on the department's preference, this portion may be completed by either the department or the student/volunteer.

- **Student/Volunteer Address**
- **Student/Volunteer Phone Number**
- **Previous Affiliation –** If the individual has current or previous affiliation with UVA, the computing ID or last 4 digits of the SSN are required so that the department can request building access for the individual through ServiceNow/HR.
- **Student/Volunteer Medical Insurance (Company, Policy No., Effective Date, Expiration Date)**
- **Emergency Contact Info (Name, Relationship, Address, Phone No., and Email)**
- **Citizenship (US Citizen, Permanent Resident, or Foreign National on US Visa).** If Foreign National, must include: Country of Citizenship, Visa Category, Visa Effective Date, and Visa Expiration Date

---

SIGNATURE OF RESPONSIBLE FACULTY MEMBER

The Responsible Faculty Member will review the form, particularly the scope of duties and required training, and the sign. **Note:** Faculty members may not supervise or oversee the work of a family member. In cases where a family member is participating as a student or volunteer, an unrelated faculty member must be designated as the responsible supervisor.

SIGNATURE OF STUDENT/VOLUNTEER

The student/volunteer must read the acknowledgement and sign the form.

SIGNATURE OF PARENT/GUARDIAN (only for individuals under the age of 18)

The Parent/Guardian of a minor student/volunteer will review the form and sign.

SIGNATURE OF DEPARTMENT ADMINISTRATOR

The Department Administrator will review all aspects of the form and approve on behalf of the department.

The form will then route to the SOM Dean's Office for final approval (RRESEARCHVOLUNTEERS@uvahealth.org).

Once approved by SOM, everyone who signed the form will receive a completed copy. The department must keep a copy on file for five years after the volunteer activity has ended.

If you have questions regarding completion of the form, please reach out to:

Dot Kirby   Email: dlk3h@uvahealth.org

Joyce Fortune   Email: RRESEARCHVOLUNTEERS@uvahealth.org