

**University of Washington  
School of Medicine  
Laboratory Volunteer Service Agreement**

***Sections 1, 2 and 5 must be completed for all volunteers***

***Section 3 must be completed for minors***

***Section 4 must be completed for volunteers with visas***

**Section 1 – Volunteer Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
*Street City State Zip*

Mailing Address (*If different from above*)

\_\_\_\_\_  
*Street City State Zip*

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you currently employed at the University of Washington? \_\_\_\_\_,  
*Y or N* *Position*

If so, please describe your job duties and attach a job description:

\_\_\_\_\_  
\_\_\_\_\_

Were you formerly employed at the University of Washington? \_\_\_\_\_  
*Y or N*

If so, please list the position title, dates of employment and the reason your University employment ended

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2 – To be completed by supervisor for all volunteers**

SoM Department and location (name of lab) where volunteer will serve:

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Individual assigned to supervise volunteer:

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*Name and Title*

Supervisor's Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Describe in detail your expectation for the activities in which the volunteer will participate

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Start date: \_\_\_\_\_ End date: \_\_\_\_\_

***Volunteer's anticipated schedule***

<i>Day</i>	<i>Schedule</i>	<i>Location</i>
<i>Monday</i>		
<i>Tuesday</i>		
<i>Wednesday</i>		
<i>Thursday</i>		
<i>Friday</i>		
<i>Saturday</i>		
<i>Sunday</i>		

**The volunteer's supervisor must list potential risks (Please include all potential risks associated with the volunteer's specific activities in the lab where the volunteer will serve)**

(E.g. Potential for exposure to x, y and z chemicals)

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\_\_\_\_\_  
\_\_\_\_\_

As the supervisor to the volunteer listed in Section 1, I have read and agree to comply with the SoM Lab Volunteer Policy. I have determined that the individual is eligible to volunteer in a SoM lab and I agree to supervise the volunteer's training and activities. I also agree to document the dates and hours of the volunteer's services.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator/Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3 – Complete for minors**

***Must be completed by a parent/guardian for volunteers under 18 years of age unless enrolled as a student at the UW***

As parent/guardian of \_\_\_\_\_, I understand the potential  
Minor's name  
risks associated with activities in a SoM lab and grant permission for my minor child to serve as an unpaid volunteer.

If my minor child requires emergency medical treatment as a result of an accident during his/her service in a SoM lab, I consent to such treatment.

In case of emergency, please contact me at area code \_\_\_\_\_ tel. \_\_\_\_\_ ext. \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's/Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4 – Complete for volunteers with visas:**

Type of visa: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Employment Authorization Document # (if required by visa status): \_\_\_\_\_

I understand that volunteer status may not be used as a way to avoid or defer compliance with the employment eligibility requirements of federal immigration laws. I understand that activity inappropriately classified as volunteer service without a visa status authorizing work may subject the University to significant fines and negatively affect my visa status. I certify that I am voluntarily performing services for civic, charitable, or humanitarian purposes, with no pressure from the University of Washington and with no promise of advancement, benefit, or current or future compensation. I am authorized to volunteer under the SoM Laboratory Volunteer Policy.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 5 – All volunteers must read and sign this section.**

I, \_\_\_\_\_, agree to the following:  
Volunteer's name

- I have read and will comply with the SoM Laboratory Volunteer Policy and University, SoM, and departmental policies provided by my volunteer supervisor
- I will fulfill the volunteer expectations and adhere to the volunteer schedule to the best of my ability
- I understand that I will receive no compensation or other tangible benefit in return for my volunteer service. I will not receive a stipend and will only be reimbursed for actual expenses
- If I am under 18 years of age, I understand that my hours of activity in the lab and use of materials and equipment are restricted. My parent/guardian has completed the section consenting to medical treatment in the case of a medical emergency after reading the list of potential risks of volunteering in the lab
- If I am over 18 years of age, I have read the list of potential risks of volunteering in the lab and consent to medical treatment in the case of a medical emergency. I further understand the SoM may terminate this agreement at any time without prior notice

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form should be maintained by the volunteer's department and a copy shall be provided to the volunteer.***