UW School of Medicine | Research Laboratory Volunteer Agreement

Service Agreement Form for Volunteers, PIs, and Departments

The University of Washington School of Medicine (SoM) views the opportunity to volunteer in a research laboratory as a very important educational experience. It is important for departments, centers and institutes to ensure Department Chairs, faculty Principal Investigators (PIs), and assigned laboratory supervisors understand related policies and laws. Read the **SoM Research Laboratory Volunteer Policy** prior to completing this agreement form.

This form is for volunteers who are not receiving course credit for their service. This form and related policy are relevant only for engaging volunteers in School of Medicine biomedical and basic science research laboratories and non-clinical workspaces; this form may not be used for volunteer service within clinical spaces and/or in healthcare settings.

Section 1 – Research Laboratory Volunteer Information (Required)

Volunteer Name: _____

Date of Birth: _____ **Age (yrs):** _____ **Phone #:** _____

Are you in the United States with a Visa? ☐ **Yes** ☐ **No**

Email Address: _____

Emergency Contact Name: _____ **Phone #:** _____

Local Address: *Postal-recognized location (not a P.O. Box) used when the volunteer is actively serving in a laboratory.*

_____

Street

_____

City State Zip

Permanent Address: *Postal-recognized location (not a P.O. Box) identified as permanent address, if different from local.*

_____

Street

_____

City State Zip

Enrollment and Employment Information

Are you currently enrolled *as a student* at the University of Washington? ☐ **Yes** ☐ **No**

Are you *currently employed* at the University of Washington? ☐ **Yes** ☐ **No**

Description of job duties and attach a job description (required): _____

_____

Were you *formerly employed* at the University of Washington? ☐ **Yes** ☐ **No**

If yes, Position Title: _____ Dates of Employment: _____

Reason employment ended: _____

_____

Section 2 – Volunteer Service Assignment (Required)

Department / Unit Name: _____

Department Chair Name: _____

PI Name: _____ **PI Title:** _____

PI Email: _____ **PI Phone:** _____

Volunteer's Supervisor: _____ **Sup. Title:** _____

Supervisor Email: _____ **Sup. Phone:** _____

Location(s) accessed by volunteer: _____

Service Activities

Start Date: _____ **End Date:** _____

Describe in detail your expectation for the activities in which the volunteer will participate (attach description if needed):

Anticipated Daily Schedule:

Day	*Schedule (e.g. 8am to 10am)*	*Location(s)*
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Risks

List all potential risks associated with the volunteer's specific activities (attach description if needed):

PI and Supervisor Agreement

As PI of the laboratory and/or the assigned supervisor to the volunteer named in Section 1 of this form, I have read and agree to comply with the **SoM Research Laboratory Volunteer Policy**. I have determined the individual is eligible to volunteer in a SoM biomedical or basic science lab and I agree to supervise the volunteer's research activities. I agree to document the dates and hours of all of the volunteer's services. I agree to ensure the volunteer completes all required and relevant training to safely perform expected activities. I agree to ensure the volunteer is supervised at all times in the laboratory.

PI Signature: _____ **Date**:_____

Supervisor Signature: _____ **Date**:_____

Department Approval

On behalf of the Department/Unit, I have reviewed this agreement and approve this volunteer arrangement.

Dept Director/VCFA Name:_____ **Email**:_____

Dept Director/FCFA Signature: _____ **Date**:_____

Section 3 – Volunteers who are Minors (Required if applicable)

As parent/guardian of the above-named volunteer, I have read the risks associated with activities in a School of Medicine biomedical or basic science research laboratory and grant permission for my minor child to serve as an unpaid volunteer. If my minor child requires emergency medical treatment during their service, I consent to and approve of such treatment.

Parent/Guardian Name:_____ **Phone**:_____

Parent/Guardian Signature: _____ **Date**:_____

As the Principal Investigator (PI) of the laboratory and space(s) in which the above-named volunteer, a minor under the age of 18 years, will serve as a Research Laboratory Volunteer, I acknowledge it is my responsibility and I agree to comply with all UW Youth Protection program requirements per **APS 10.3 Protecting Youth at UW**.

PI Signature: _____ **Date**:_____

Department/Unit Agreement

As the Department Chair, I approve of the above-named volunteer, a minor under the age of 18 years, to participate in research activities as an unpaid Research Lab Volunteer. I agree to be responsible for compliance with all youth protection policy, and to ensure Department/Unit compliance with all UW Youth Protection program requirements, register with the Youth Protection Office, maintain all required documentation, and track compliance as required by **APS 10.3 Protecting Youth at UW.**

Dept Chair Name:_____ **Email:**_____

Dept Chair Signature: _____ **Date:**_____

Assoc Dean Name:_____ **Email:**_____

Assoc Dean Signature: _____ **Date:**_____

Section 4 – Volunteers with Visas (Required if applicable)

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 confirm I have appropriate work authorization to participate as a volunteer.

Volunteer Signature: _____ **Date:**_____

Section 5 – Volunteer Acknowledgement and Agreement (Required)

I, _____, agree to the following:

- I have read and will comply with the **SoM Research Laboratory Volunteer Policy** as well as all relevant University 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 and will be supervised. My parent/guardian has completed Section 3 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 understand the University, School, Department, or PI may terminate this agreement at any time without prior notice

Volunteer Signature: _____ **Date:**_____

This form should be maintained by the Department/Unit, and a copy shall be provided to the volunteer.