

## DOCUMENTATION ON UNIVERSITY VOLUNTEERS (FORM #1)

Many individuals offer their services to the University throughout the year as volunteers in various capacities, and it is important to properly document when an individual is authorized to provide volunteer services on behalf of the University of Virginia. Please use this form to document such activities.

This form should be completed by the supervising faculty or staff member who will be responsible for the volunteer while the person is working on behalf of the University. The Volunteer must also sign this form. **Please retain the completed document in your department in accordance with the University's record retention policy.**

Volunteer Name:	Phone:
Address:	

Volunteers are required to maintain health insurance to cover their medical expenses. Please indicate below the name of the volunteer's health insurance company:

Volunteer's emergency contact information (Provide name, address, and phone number):

Describe the volunteer's full scope of activities to be authorized.  
(Note: Also indicate any parameters or limitations which the volunteer must adhere to while serving as a volunteer, e.g. restrictions while working in research labs, etc.):

Authorized period of time for conducting the volunteer activities outlined above:

Does the prospective volunteer require any special accommodations by the University (e.g. ADA compliance, etc.)? If yes, what are the accommodations and can they be met?

List appropriate safety guidelines that will be discussed with the prospective volunteer and ensure that the necessary training and certification will be obtained as needed. Some examples are noted below:

- Life safety issues (e.g. location of fire exits, use of protective equipment, etc.)
- Necessary training and certification for medical research labs:
  - ACUC (Animal Care and Use Committee)
  - Hospital privacy training (HIPPA)
  - HIC (Human subjects training)
  - Biosafety training
- Other departmental safety issues as appropriate for the exposures the volunteer will be subject to:

Additional pertinent information that the responsible faculty or staff member wants to have documented (e.g. criminal background check):

**Responsible Faculty/Staff member:**

Department: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**Department Head:**

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

Signature: \_\_\_\_\_

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 in this memorandum, and further understand that for my personal safety I must follow the directions of the faculty or staff member supervising my activities. I also hereby agree that in my capacity as a Volunteer, I am not covered by University or Commonwealth insurance programs such as employee health insurance or worker's compensation. Additionally, I acknowledge that the University may deem it necessary to conduct a criminal background check on me in my capacity as a volunteer. I understand that I volunteer my services at the will and pleasure of the staff and management of the University of Virginia, and that my services may be terminated at any time, for any reason, in the sole discretion of the University.

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Signature of guardian (if volunteer is under 18 years of age):**

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

Signature: \_\_\_\_\_