

**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 #: _____ Email: _____

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 yes, please describe your job duties and attach a job description:

Were you formerly employed at the University of Washington? _____
Y or N

If yes, 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 (could be PI or other lab member)

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

Individual assigned to supervise volunteer:

Name and Title

Supervisor's Telephone Number: _____ E-Mail: _____

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

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)

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: _____

Once signatures are obtained, this form should be maintained by the volunteer's department (send to department Administrator) and a copy shall be provided to the volunteer.