

**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. This form may be used to document such activities. It 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. Please retain the completed forms in your department for future reference.

1. Name of volunteer: _____

2. Address and phone number of volunteer:

3. Volunteers are required to maintain health insurance to cover medical expenses incurred due to any injury or illness that may occur while doing volunteer work for UVA. Does the prospective volunteer have personal health insurance?

Yes No If yes, what is the health insurance company?

Volunteer's emergency contact information in case of an emergency (provide name, address, and phone number):

4. Authorized period of time for conducting the volunteer activities as outlined in #5:

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

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

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

* Life safety issues (i.e., location of fire exits, use of protective equipment, etc).

* Necessary training and certification for medical research labs:

1. ACUC (Animal Care and Use Committee)

2. Hospital privacy training (HIPPA)

3. HIC human subjects training

4. Biosafety training

* Other departmental safety issues as appropriate for the exposures the volunteer will be subject to:

8. Additional pertinent information that the responsible faculty or staff member wants to have documented:

Responsible Faculty/Staff member:

Department: _____

Name: _____

Date: _____

Signature: _____

Department Head

Name: _____

Date: _____

Signature: _____

(PLEASE CONTINUE WITH SIGNATURES ON NEXT PAGE)

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 member supervising my activities.

Volunteer Name: _____

Date: _____

Signature: _____

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

Name: _____

Date: _____

Signature: _____

**Please maintain a copy of this document in the department for future reference.