

Sponsored Project/Research Volunteer Documentation Form

Instructions: This form **must** be completed for each volunteer subject to the *Sponsored Project and Research Volunteers Compliance Notice*. Completed forms must be maintained in department-level records per VCU record retention requirements and are subject to review at any time.

Volunteer Information:

Name:	E-Mail:
Address:	Emergency Contact Name:
	Emergency Contact Phone:
Phone:	Emergency Contact E-Mail:

Volunteer Activities	
<input type="checkbox"/> Short-Term Volunteer – Less than 14 Days – Observation Only – Skip to Sponsoring Faculty Member/PI Information Section	
Describe in detail the sponsored project/research activities the volunteer will assist in or conduct:	
Will the volunteer have unsupervised laboratory access? Yes No	
Provide the start and end date for the volunteer (maximum one year):	
List/describe the equipment that the volunteer will have access to as a part of his/her work. Indicate if any equipment is included in a Technology Control Plan.	
Technology Control Plan involved: Yes (attach copy) No	
Training Requirements – Course Required	Deadline for Completing
Check the appropriate box to indicate which additional form(s) have been included: <i>(forms linked in Compliance Notice)</i>	
<input type="checkbox"/> VCU Health Form for Volunteers	
<input type="checkbox"/> Signed Sponsored Project/Research Volunteer Safety Information Form	
<input type="checkbox"/> Education transcripts if seeking unsupervised laboratory access for volunteer	
<input type="checkbox"/> Corresponding approved Human or Animal Subjects Protocols, Technology Control Plans, IBC MUAs, other compliance documentation	
<input type="checkbox"/> Visa guidance from GEO	
<input type="checkbox"/> Volunteer is a minor – documentation required in accordance with <i>Safety and Protection of Minors</i> policy attached.	
<input type="checkbox"/> Other: _____	

Sponsoring Faculty Member/PI Information:

Name:	E-Mail:
Phone:	

I attest that I will comply with the Compliance Notice and will ensure that the volunteer completes all required training. I request approval to include volunteer in above activities.

Sponsoring Faculty Signature: _____ Date: _____

Department Administrator Review – Documentation Complete Date: _____

I have reviewed this form and its attachments and approve inclusion of volunteer in above activities.

Department Chair Signature: _____ Date: _____

Instructions:

Form to be completed by Sponsoring Faculty Member or Principal Investigator.

Complete Volunteer Information section.

Answer questions related to volunteer's activity, access, and timeframe. List required training based on volunteer's activity – may include courses on:

Laboratory Safety - <http://oehs.vcu.edu/chemical/training/trainingmodules.pdf>

Dangerous Goods Training

Animal Care and Use - <https://research.vcu.edu/secure/acup/training.htm>

Human Subjects Protection Training - http://research.vcu.edu/human_research/citi_requirements.htm

Specific Laboratory/Equipment training provided by faculty member

Provide deadlines for training completion.

Have volunteer complete and sign the VCU Health Form for Volunteers and attach.

Obtain volunteer's transcripts if volunteer will be in the laboratory unsupervised.

If the volunteer is a foreign national (neither a US citizen nor permanent resident/green card holder), please contact the Global Education Office (GEO) in advance for visa guidance (geois@vcu.edu). Please attach a copy of GEO's response.

Attach any other pertinent documents that will assist in your Department Chair's review of the form.

Following volunteer approval by Department Chair:

1. Complete Sponsored Project/Research Volunteer Safety Information Form with volunteer. Provide signed and dated form to Department Administrator for inclusion in volunteer's file.
2. Obtain training completion documentation from the volunteer according to the timeline listed on this form. Submit the training completion documentation to Department Administrator for inclusion in volunteer's file.

Department Administrator Review:

Review form to confirm it is complete. Ensure all information necessary for Department Chair's review of the form has been included.

Department Chair Review:

Review form and its attachments. Obtain answers/documentation to any questions you may have. Once all assurances have been received, sign form to approve.

Record Retention Requirements:

Retain approved documentation for three years following completion of volunteer activities.