

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 Name: _____

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 Volunteer Data Form <input type="checkbox"/> VCU Health Form for Volunteers <input type="checkbox"/> Signed Workers Right To Know Statement <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 VCU Volunteer Data form and all requirements listed on [VCU Volunteers](#) page.

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.

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.

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.