

**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 #: _____

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

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

If so, 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

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: _____

This form should be maintained by the volunteer's department and a copy shall be provided to the volunteer.



UW Laboratory Employee Safety Training Checklist

According to state/federal laws and University of Washington policy, Principal Investigators and laboratory supervisors are responsible for ensuring that all employees receive adequate training to understand the hazards present in their work area. This includes administrative personnel who handle lab chemicals for such tasks as receiving, inventory, and stocking. Training must occur prior to assignments involving potential exposure to chemicals. EH&S provides general training for most categories of hazards in the laboratory. EH&S strongly encourages and in some cases requires that employees take these classes since they cover topics that are specific to the University of Washington and Washington state. Laboratory staff must also receive training applicable to all UW employees such as an orientation to the department Health and Safety Plan, Emergency Evacuation and Operations Plan, Asbestos General Awareness, Violence Prevention, etc.

Employee Name: _____ **Date:** _____

Supervisor Name: _____ **Date:** _____

Laboratory Specific Training		
<i>The below types of training are required for each laboratory staff person and are to be provided by the Laboratory P.I., Manager, or Chemical Hygiene Officer. Details about each subject are discussed in Section 7 of the UW Laboratory Safety Manual, online at http://www.ehs.washington.edu/manuals/lsm/index.shtm.</i>		
Have you received the following?		Date
Orientation to the content and location of the Chemical Hygiene Plan, including: <ul style="list-style-type: none"> • UW Laboratory Safety Manual • Lab-specific Standard Operating Procedures (SOPs) • Other lab specific information 	YES	
Methods for finding exposure limits	YES	
Material Safety Data Sheets/Safety Data Sheets (MSDS/SDSs) and other safety references	YES	
The hazards of the workplace and how to detect the presence or release of hazardous chemicals and the basic signs and symptoms of chemical overexposure	YES	
Requirements for Personal Protective Equipment (PPE) and how to select, don, doff, and maintain it	YES	
How to segregate and safely store chemicals in the laboratory	YES	
Proper disposal of all laboratory waste	YES	
How to safely clean up spills and respond to other emergencies	YES	

EH&S Laboratory Safety Training	
<i>Answer the following questions. If YES, fill in the date when the training is completed. For more information about the classes, see http://www.ehs.washington.edu/psotrain/index.shtm or contact the EH&S Training Office at ehstrain@u.washington.edu or 206.543.7201.</i>	
	Date
Are you responsible for chemical safety in your laboratory? No <input type="checkbox"/> Yes If Yes, take the Laboratory Safety Standard Compliance class.	
Do you work with hazardous chemicals? <input type="checkbox"/> No Yes If Yes, take the online/classroom Managing Laboratory Chemicals class. Link here REQUIRED	
Do you need to wear a respirator on the job? No <input type="checkbox"/> Yes If Yes, follow the instructions at http://www.ehs.washington.edu/ohsresp/index.shtm . REQUIRED	
Do you work with any form of recombinant DNA, pathogenic microorganisms, human/non-human primate tissues or other biohazardous agents? <input type="checkbox"/> No Yes If Yes, take the Biosafety Training class. Link here (Initial and every three years thereafter) REQUIRED	

UW Laboratory Employee Safety Training Checklist

Will you work in an Animal Biological Safety Level-3 or Biological Safety Level-3 Laboratory?		
No	<input type="checkbox"/> Yes	If Yes, contact EH&S Research and Occupational Safety at 206.221.7770 additional training may be required. REQUIRED
Are you planning to work with Select Agents?		
No	<input type="checkbox"/> Yes	If Yes, contact EH&S Research and Occupational Safety at 206.221.7770 additional training may be required. REQUIRED
Do you work with human cells, tissue or body fluids?		
<input type="checkbox"/> No	Yes	If Yes, take the online/classroom Bloodborne Pathogens for Researchers class (Annual training) REQUIRED Link here
Are you planning to use ionizing radiation?		
No	<input type="checkbox"/> Yes	If Yes, follow the instructions at: http://www.ehs.washington.edu/rso/index.shtm . REQUIRED
Are you planning to use non-ionizing radiation?		
No	<input type="checkbox"/> Yes	If Yes, contact EH&S Radiation Safety at 206.543.0463 additional training may be required. REQUIRED.
Are you planning to use class 3b or 4 Lasers with a power greater than 5 milliwatts (mW)?		
No	<input type="checkbox"/> Yes	If Yes, register for the Laser Safety Training at: http://www.ehs.washington.edu/forms/rso/laserreg.php . REQUIRED.
Are you expected to use a fire extinguisher in the event of an emergency?		
No	<input type="checkbox"/> Yes	If Yes, take the Fire Extinguisher Training class (Annual training) REQUIRED
Do you package, ship, and/or transport hazardous materials or infectious substances?		
No	<input type="checkbox"/> Yes	If Yes, take the Shipping Hazardous Materials class or if applicable, the "Online Shipping Biological Substance Category B" or the "Online Shipping Dry Ice with non-dangerous goods or Exempt Patient Specimens" (Initial and every two years thereafter) REQUIRED
Do you use a fume hood?		
<input type="checkbox"/> No	Yes	If Yes, you should take the online Fume Hood class. Link here (For more on fume hoods see http://www.ehs.washington.edu/fsfumehoods/index.shtm)
Do you handle cylinders containing hazardous, toxic, or flammable compressed gases?		
No	<input type="checkbox"/> Yes	If Yes, you should take the Compressed Gas Safety class.
Are you expecting to work with Hydrofluoric Acid?		
No	<input type="checkbox"/> Yes	If Yes, you should take the Hydrofluoric Acid Safety class.
Have you volunteered to be one of the First Aid and CPR staff for your lab?		
No	<input type="checkbox"/> Yes	If Yes, take the First Aid and CPR Certification class. (Initial and every two years thereafter) REQUIRED

Additional Specific Training

Use this section for any additional safety training needed in your laboratory due to "unusual hazards" such as forklift operation, confined space entry, maintaining powered equipment [lockout/tagout], working at heights [fall protection], lifting safety, or perchloric acid fume hood use.

After all of the training has been completed have the new employee sign and date this form and save it in your laboratory training records.

Employee Signature: _____ Date: _____