

University of Virginia School of Medicine
Approval for Volunteers Participating in SOM Research Activities
Effective date: July 11, 2019

The School of Medicine(SOM) can authorize interested volunteers to participate in research under the supervision of a SOM faculty member. Volunteer activities are governed by the SOM policy, Volunteers in Research:

<https://med.virginia.edu/policies/volunteers-in-research/>

Who should complete this form?

- Volunteers who do not have a training or financial relationship with UVA.
- Employees of UVA who do not perform research or whose job does not who wish to volunteer in research outside of their working hours.
- UVA students who currently are not receiving academic credit for research. If a student is performing research for credit and continues to work after that term ends, s/he should complete a volunteer form.
- Trainees on stipends need not submit a volunteer form to participate in SOM research.
- Note: volunteers must be at least 16 years of age.
- If a volunteer's approved period is still active and the responsible faculty member wishes to extend that volunteer period, do not use this form. Rather, send an e-mail to the Office for Research requesting an extension, including the new end date and any changes in scope of volunteer activities or required training.
- Foreign nationals on US visas are restricted as follows:
 - B-1/B-2 visas: may volunteer, but *cannot enter the country specifically for that purpose*.
 - Elapsed J-1 visas in the 30-day grace period before returning home: *may not volunteer*.
 - F-2 and H-4 visas: *precluded by the University from volunteering for work that paid employees normally perform*.

Instructions

1. Complete the entire form and obtain signatures from volunteer, responsible SOM PI, department administrator, and if appropriate, volunteer's parent.
2. The department administrator should send the document as a PDF to the Office for Research at RRResearchVolunteers@uvahealth.org. Digital signatures are preferred to handwritten signatures. The approved form will be returned to the sender and all cc's.
3. The volunteer may not begin to perform research before the form has been approved.
4. The department or center should retain the approved form for five years after the volunteer activity has ended.

Infectious Disease Requirements

All Volunteers shall be required to meet the health screening, immunization and vaccination requirements set forth in Health System Policy OCH-002 "Occupational Health Screening and Maintenance (<http://www.healthsystem.virginia.edu/docs/health-system/occupational-health/healthscreeningandmaintenance/>). Volunteers shall also be required to undergo such additional screening, vaccinations or tests as may be determined by the Medical Center Hospital Epidemiologist to be necessary for infection control and patient safety based on the nature of their volunteer experience.

Volunteer information

1. Name, address, and phone number:

- Human subjects research and projects involving access to data with personal identifiers require CITI human subjects and/or HIPAA privacy training.
- Research involving radioactive material (EHS Radiation Safety training).
- Use of infectious agents or human specimens (Institutional Biosafety Committee training).
- Describe any other appropriate departmental safety issues:

9. Specific start and end dates for the volunteer experience. (May not exceed one year.)

URL for training: <https://med.virginia.edu/policies/research-compliance-and-training/>

Other

10. Additional information that the responsible faculty member wants to have documented (e.g., ADA accommodations that must be made for the volunteer):

Signatures and approval

Volunteer

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 on this form, and further understand that for my personal safety I must follow the directions of the faculty member supervising my activities.

Signature and date

Parent or guardian (if volunteer is under 18 years of age)

Print name	Signature	Date
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Responsible faculty

Print name	Signature	Date
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Department administrator

Print name

Signature

Date

School of Medicine approval

Signature and date