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:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Mailing Address (If different from above)

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Day</th>
<th>Schedule</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
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</tbody>
</table>

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 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.