

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 their activities. Indicate if any equipment is included in a Technology Control Plan.
Technology Control Plan involved: <input type="checkbox"/> Yes (attach copy) <input type="checkbox"/> No
Training Requirements – Course Required and Deadline for Completing
Check the appropriate box to indicate which additional form(s) have been included: <input type="checkbox"/> VCU volunteer health 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, Institutional Biosafety Committee 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 on Campus</i> policy <input type="checkbox"/> Other: _____

Sponsoring Faculty Member/PI Information:

Name:	Email:
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.

On the VCU Human Resources forms web page, under the [Volunteer forms](#) section, there is a VCU volunteer health form. The VCU volunteer health form must be completed prior to or in conjunction with the requirements outlined in the related compliance notice.

Answer questions related to volunteer's activity, access, and timeframe.

List required training based on volunteer's activity – may include courses on:

Laboratory Safety - <https://vcu.bioraft.com>

Dangerous Goods Training

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

Human Subjects Protection Training - <https://research.vcu.edu/training/citi-training/>

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 U.S. citizen nor permanent resident/green card holder), contact the Global Education Office (GEO) in advance for visa guidance (geois@vcu.edu). 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 the 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 five years following the last action of the volunteer.