**VOLUNTEER REGISTRATION FORM**

*Send completed forms to* [*iacuc@liberty.edu*](mailto:iacuc@liberty.edu)

*THIS SECTION TO BE COMPLETED BY THE PI OR LAB MANAGER:*

|  |  |  |  |
| --- | --- | --- | --- |
| **PROTOCOL INFORMATION** | | | |
| Principal Investigator: | | | |
| Direct Supervisor (if other than PI): | | | |
| Department: | | | |
| IACUC Protocol #: | | | |
| Protocol Title: | | | |
| **ASSIGNMENT DETAILS** | | | |
| Assignment Begin Date: | | Assignment End Date: | |
| Description of activities to be performed by volunteer\* (be specific): | | | |
| **VOLUNTEER SCHEDULE & LOCATION** | | | |
| Monday: | Wednesday: | | Friday: |
| Tuesday: | Thursday: | | Other (specify): |
| Building Name: | | Room #: | |

\*If duties involve or may potentially involve contact with human blood, bodily fluids, tissue, radioactive compounds, or hazardous chemicals, prior consultation with EH&S is required to ensure the volunteer has the appropriate training, vaccinations, and personal health coverage.

*THIS SECTION TO BE COMPLETED BY THE VOLUNTEER:*

|  |  |
| --- | --- |
| **VOLUNTEER CONTACT INFORMATION** | |
| Name: | Date of Birth: |
| Address: | Home Phone: |
| School: | Alternate Phone: |
| **EMERGENCY CONTACT INFORMATION** | |
| Name: | Relation to Volunteer: |
| Daytime Phone: | Alternate Phone: |

*COMPLETE THIS SECTION IF THE VOLUNTEER IS UNDER THE AGE OF 18:*

|  |  |
| --- | --- |
| **PARENT CONTACT INFORMATION** | |
| Parent’s Name: | Parent’s Phone: |

**\*\* SIGN THE ACKNOWLEDGEMENT STATEMENT PRIOR TO SUBMISSION\*\***

*Note: A parent must sign this document below if the volunteer is less than 18 years old at any time during the volunteer period.*

**ACKNOWLEDGEMENT STATEMENT:**

The undersigned acknowledge the following and agree to abide by all federal law, university policy, and laboratory rules.

* The volunteer assignment described above will be uncompensated.
* All volunteers must complete all required training and orientation prior to participating in any laboratory activity involving the use of animals.
* Volunteers must be added to all approved IACUC protocols before contact with live vertebrate animals.
* Specific laboratory procedures and activities may be of a confidential or proprietary nature and should not be shared or discussed with individuals outside of the laboratory staff.
* Any publication or use of data collected in the course of the volunteer assignment requires prior written consent of the Principal Investigator.

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Volunteer Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (if applicable) Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Supervisor (if applicable) Date