**VOLUNTEER REGISTRATION FORM**

*Send completed forms to* *iacuc@liberty.edu*

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

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| **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:*

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| **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:*

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| **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