



LIBERTY
UNIVERSITY
COLLEGE *of* OSTEOPATHIC
MEDICINE

CENTER FOR RESEARCH
VOLUNTEER FORM

**CENTER FOR RESEARCH
VOLUNTEERS PARTICIPATING IN ACTIVITIES IN RESEARCH LABORATORIES
REGISTRATION FORM**

- This form should be completed by and for all adult volunteers (i.e., persons 18 years of age or older) who want to participate in activities in research laboratories, but who are either not enrolled in a Liberty University regular catalog course or degree program, or not employed by Liberty University.
- For volunteers who are less than 18 years of age; please complete the Registration Form for Minors Participating in Research Activities.

IMPORTANT NOTES:

- All required sections of the form must be completed and submitted to the Liberty University College of Osteopathic Medicine ("LUCOM") Center for Research for approval.
- The volunteer cannot participate in any research activities until all training requirements are completed and written approval is received from the LUCOM Center for Research.
- The responsible faculty member must make arrangement for the volunteer to complete required training.

Instructions:

- Responsible faculty member:
 - Complete Sections I, II, III, and IV
 - Submit the completed document, sections I, II, III, IV, V-A, and V-B to LUCOM.
 - Send the completed document as a PDF to Barbra Lutz, Research Manager of the Center for Research, at blutz1@liberty.edu. The approved form will be returned to the sender and all cc's.
- Volunteer:
 - Complete Sections V-A and V-B and return to the responsible faculty member.

SECTION I: Demographic Information *(to be completed by the responsible faculty member)*

RESPONSIBLE FACULTY MEMBER					
Responsible Faculty Member Name & Title				Dept.	
Campus Address		Room #		Phone #	
Alternate Contact Name				Phone #	
Campus Address				Room #	
VOLUNTEER INFORMATION					
Name		Date of birth		Email	
Campus Address (where activities will take place)		Lab#		Phone #	
Reason for Request (Check One)	<input type="checkbox"/> Volunteering <input type="checkbox"/> Internship <input type="checkbox"/> Other:			Dates of Activity From To	

SECTION II: Experiment/Procedure Descriptions *(to be completed by the responsible faculty member)*

Provide a non-technical abstract (using lay terminology) to describe the specific techniques to be used by the volunteer. The description should include examples of the materials and methods required (e.g., cell culture, PCR, cell sorting). If the volunteer will participate in animal experiments, then include examples of the procedures (e.g., tail vein injection of human cell lines; oral administration of chemotherapeutic agent). Attach a separate sheet, if necessary.

Project Title *(if applicable):*

Project Description: *This is a fillable box that will expand the text entered.*

SECTION III: Requirements for Research Involving Animals *(to be completed by the responsible faculty member)*

As indicated below, the written approval of the LUCOM Center for Research will be required prior to the volunteer beginning research activities.

The responsible faculty member agrees to sponsor and provide supervision for _____ (insert the volunteer's name), and by my signature below I acknowledge and agree as follows:

- I have provided the volunteer's hazard-specific training and had the volunteer complete any other training required and provided by the LUCOM Center for Research. I provided hazard-specific safety training by doing the following:

NOTE: The responsible faculty member must provide information to the volunteer regarding specific lab hazards that will be encountered while participating in research activities.

- Personal protective equipment appropriate for and specific to laboratory hazards will be provided to the volunteer, and the volunteer will be instructed in the use/disposal of this equipment.
- While in the laboratory, the volunteer will be supervised at all times by me or by another responsible faculty member or full-time staff member to whom I have specifically delegated the responsibility.
- Volunteers will not be issued card keys to any animal facilities.
- Volunteers must be continuously accompanied by responsible members of the research team.
- My laboratory is in full compliance with all applicable LUCOM safety programs.

Responsible Faculty Member Signature

Date

SECTION IV: Requirements for research involving hazardous chemicals or biological materials:

The written approval of the LUCOM Center for Research will be required prior to the volunteer beginning research activities. If the volunteer will participate in research involving animals, then a LUCOM Center for Research approval is also required for that specific function before beginning research activities. The following training courses must be completed by the volunteer based on the type of research proposed.

Dates of Training completion *(to be completed by the responsible faculty member)*

Mandatory	Additional Requirements (as necessary)
<input type="checkbox"/> <i>Orientation with Research Lab Safety Training</i> <i>(e.g., location of fire exits, use of protective equipment, etc.)</i> Date of Completion:	<input type="checkbox"/> <i>Blood borne Pathogen Training</i> <i>(if work involves the use of human cells, human cell lines, human blood, human body fluids, or human blood borne pathogens)</i> Date of Completion:
<input type="checkbox"/> <i>CITI Training Modules under LUCOM Basic</i> Date of Completion:	<input type="checkbox"/> <i>Additional CITI Training Modules on Research Involving Vertebrate Animals</i> <i>(if working with animals)</i> Date of Completion:
	<input type="checkbox"/> <i>Additional CITI Training Modules on Biochemical Research with Human Subjects</i> <i>(if the volunteer has access to research subjects or data with personal identifiers)</i> Date of Completion:
	<input type="checkbox"/> <i>Radiation Safety Training</i> <i>(if working with radioactive isotopes)</i> Date of Completion:

Name of Responsible Faculty Member

Department

Date

Section V: Volunteer Training Verification *(to be completed by the Center for Research)*

Mandatory	Additional Requirements (as necessary)
<input type="checkbox"/> <i>Orientation with Research Lab Safety Training</i> <i>(e.g., location of fire exits, use of protective equipment, etc.)</i> Date of Completion:	<input type="checkbox"/> <i>Blood borne Pathogen Training</i> <i>(if work involves the use of human cells, human cell lines, human blood, human body fluids, or human blood borne pathogens)</i> Date of Completion:
<input type="checkbox"/> <i>CITI Training Modules under LUCOM Basic</i> Date of Completion:	<input type="checkbox"/> <i>Additional CITI Training Modules on Research Involving Vertebrate Animals</i> <i>(if working with animals)</i> Date of Completion:
	<input type="checkbox"/> <i>Additional CITI Training Modules on Biochemical Research with Human Subjects</i> <i>(if the volunteer has access to research subjects or data with personal identifiers)</i> Date of Completion:
	<input type="checkbox"/> <i>Radiation Safety Training</i> <i>(if working with radioactive isotopes)</i> Date of Completion:

Name *(Center for Research Representative)*

Signature *(Center for Research Representative)*

Date

SECTION VI: Volunteer Acknowledgement of Understanding

A. By signing my name below, I acknowledge that:

- I have read the “Rules for Volunteers Performing Activities Working in Laboratories” below.
- I UNDERSTAND these rules and AGREE to follow them.
- I UNDERSTAND that if I do not follow these rules, I may be asked to leave.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

RULES FOR VOLUNTTEERS PERFORMING ACTIVITIES IN LABORATORIES

1. Never work alone in any laboratory environment or animal facility without direct, immediate supervision from the responsible faculty member or someone designated by him/her as supervisor. In the case of animal facilities, your supervisor must have been issued a valid access key card.
2. Always follow the instructions of the responsible faculty member or designated supervisor. Always report any accident (regardless of severity) immediately to the responsible faculty member or designated supervisor.
3. Always wear the personal protective equipment as directed and dispose of it appropriately. This personal protective equipment include safety glasses, gloves, coats/gowns, and other face/body protection as dictated by the hazard with which you are working.
4. Always keep your hands away from your face and wash them well with soap and water prior to leaving any laboratory area.
5. Never eat, drink, chew gum, smoke, or apply lip balm or cosmetics while in any laboratory environment.
6. Always wear closed-toe shoes while in any laboratory.
7. Always tie back long hair to keep it out of all hazards.
8. Always wear clothing that reduces the amount of exposed skin.
9. Always ask questions if you don't understand the safety requirements.

B. By signing this form, I certify that I:

- Understand that I am volunteering to participate in the Activity as described in Section II above;
- Understand it is my choice to participate in this Activity, and that I am not being required to do so;
- Understand that the Activity will take place in an academic laboratory at Liberty University;
- Understand that there are certain hazards and risks involved in taking part in activities in a laboratory including, but not limited to, cuts, scratches, eye injuries, burns, and exposure to potentially harmful chemicals and biological matter and agents that can cause illness and/or injury;
- Understand that there are certain hazards and risk involved in working with animals including, but not limited to, scratches, bites, allergic reactions to animal dander, and potential to contract disease from the animal;
- Understand that I am responsible for following all rules and instructions while participating in the Activity and that my failure to do so will result in my participation in the Activity ending;
- Understanding that if any time the LUCOM personnel in charge of the activity decide, in their sole discretion, that it is in my best interest or the best interest of LUCOM for me to no longer participate in the Activity, then my participation will immediately end;
- Understand that by participating in this Activity, I will not be an employee of Liberty University or a student enrolled in a Liberty University catalog course or degree program; and
- Understand that Liberty University will not provide any accidental, health or other insurance for me and that it is my responsibility to pay for treatment of any injuries or illness that result from my participation in the Activity.

Name of Volunteer

Signature

Date

Contact information for volunteer:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Contact information for alternate person to contact in the event of emergency if volunteer is incapacitated:

Name: _____ Relation to volunteer: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

