

REQUIREMENTS FOR NON-AFFILIATED ADULT VOLUNTEERS

1. **Age/Identity:** Adult Volunteers must be at least 18 years of age. Documents to verify age and identity must be provided prior to beginning volunteer assignment.
2. **Application:** All prospective Adult Volunteers must file this application at the Department office. Filing an application does not assure placement. The choice of applicants is determined on the basis of personal qualifications and traits as judged by the Principal Investigator (PI) and Department Chair.
3. **Letter of Welcome:** The Department Chair, PI or faculty member should write a letter welcoming the applicant to department and outlining his/her position description, as follows: (1) The name of the Principal Investigator (faculty), (2) a brief description of the research project, (3) the techniques used, potential workplace hazards, (4) a statement that the volunteer will be supervised daily by the PI or qualified designee (*name and title*), (5) length of volunteer's appointment.
4. **Letters of Recommendation:** Volunteers must supply names and complete addresses of two (2) personal references whom they have known for at least two (2) years (not relatives), and the name and address of their personal physician.
5. **Safety Training:** All volunteers are required to take the same Safety Training classes required of regular laboratory employees. All training should be completed by the start date. Attendance will be recorded. Contact the Department administrator with questions on training. No one will be permitted to begin a volunteer assignment without completing required safety training.
6. **Biosafety:** Volunteers may not work in BSL-3 facilities.
7. **Keys:** University keys, card keys, and door codes may not be issued to Adult Volunteers. Visiting Scholars may be issued keys if requested by the PI and Department Chair.
8. **Buck-IDs** are not required.
9. **Health:** Adult volunteers are expected to be in good physical and mental health.
10. **Uniform/Personal Protective Equipment:** Adult Volunteers must, when appropriate, wear a full-length lab coat or any other personal protective equipment (PPE) provided by the PI. No high heeled shoes, open toe shoes or sandals, or shorts may be worn in the laboratory. Clothing must cover the entire torso: No bare midriffs.

Compensation: The Adult Volunteer understands and agrees that the relationship between the Volunteer and OSU is not that of employer and employee, that he/she shall have no authority to bind or act on behalf of OSU, that he/she is not entitled to receive compensation as a result of his/her activities at OSU, and that he/she is not entitled to any sick leave, vacation pay, retirement benefits, social security, disability benefits, unemployment benefits, workers compensation benefits or any other benefits that OSU provides for its employees.

Intellectual Property: In the course of his/her work with the Principal Investigator, _____, the Adult Volunteer may acquire information that is the intellectual property of OSU. This intellectual property may consist of unpublished results, know-how, non-patentable information, patentable or other written or orally transmitted information. The Volunteer agrees that no information acquired by the Volunteer during his/her tenure at OSU will be transmitted by the Participant in any form to any third party.

Patents: In the event that discoveries result from the Adult Volunteer's efforts at OSU, such discoveries and any resulting know-how, patent application or patent will be the property of OSU. Furthermore,

OSU will be the owners of all intellectual property generated by the Volunteer during his/her tenure at OSU. This will include, but will not be limited to, know-how, patent, original data, computer programs and records of work. The timing, extent and content of all publications regarding the results of the activities under this Agreement shall be at the discretion of OSU and the Principal Investigator.

I understand that my placement as a volunteer in a research laboratory in the Department of _____ in the College of Biological Sciences will be mutually probationary and that it can be revoked at any time.

I also understand The Ohio State University is not responsible for required vaccinations/tests, illness or injury, or for payment to a physician or emergency department encountered during my volunteer service.

The applicant agrees to hold The Ohio State University, its Trustees, officers, agents and employees, harmless from any loss, claim, damage, or liability of any kind involving the Adult Volunteer, which arises out of, or is in connection with the negligence or carelessness on the part of the University, and that relates to this Agreement.

I have read the above requirements, understand them, and wish to apply to be a Non-Affiliated Adult Volunteer.

Signature: _____
(Adult Volunteer)

Date: _____

Signature: _____
(Principal Investigator)

Date: _____

Signature: _____
(Department Chair)

Date: _____

Return this form to the Department HR administrator. HR administrator: send (1) copy to the Principal Investigator/Faculty Member, and (1) copy to the College of Biological Sciences HR Officer, 105 Biological Sciences Building, 484 W. 12th Ave. (292-8772).