



## Legacy Research Institute (LRI)

### Request for Volunteer Support

#### Section I: (Volunteer or Mentor to complete this section)

Volunteer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For what duration would you like to volunteer at LRI? \_\_\_\_\_

Preferred Schedule (circle): MON TUE WED THUR FRI

Estimated Hours/Day: \_\_\_\_\_ Estimated Number of Days/Week: \_\_\_\_\_

How did you hear about volunteer opportunities at LRI? \_\_\_\_\_

What do you hope to gain from volunteer experience at LRI? \_\_\_\_\_

#### Section II: (Mentor to complete this section)

Mentor/Supervisor (name/title): Laura Villasana and Ariel Weingarten

Phone: 503-413-5333 Email: aweingarten@downeurobiology.org

*(If at any time the volunteer's mentor changes, please notify Melissa Dang or Geo Marin-De La Vega, LRI Administration)*

Department: DOW Neurobiology Date: 3/16/2023

Description of duties to be performed by volunteer: (Please be specific, attach extra pages if needed.)

**VOLUNTEER MUST BE SUPERVISED AT ALL TIMES**

Tissue slicing on the cryostat  
Immunohistochemistry  
Mix up basic laboratory solutions needed for tissue staining  
Use of confocal microscope  
Image analysis using computer  
Data analysis using computer

**Section II continued: (to be completed by Mentor)**

**THE VOLUNTEER WILL HAVE NO DIRECT CONTACT WITH ANIMALS**

Will the volunteer be working on, observing, or teaching protocols for research involving the use of animals/**animal tissue**?

☒ YES ☐ NO

**If YES, the following is required:**

- CITI Training
- Tier 1- Orientation to animal care and use at LRI
- LRI. Preventing Asthma and Allergies in Animal handlers (E+ Training)
- Employee Health assessment

**Section III:**

**The following trainings are required before the Volunteer can start in the Lab:**  
(This will be scheduled by LRI Admin during the Volunteer Onboarding process)

Employee Health assessment  
Safety Training with the Research Lab Safety Specialist  
Tier 1 training (if applicable)  
CITI Training (if applicable)

\_\_\_\_\_  
Volunteer and/or Legal Guardian Signature  
(Consent of legal guardian is required for applicants under the age of 18)

\_\_\_\_\_  
Date



\_\_\_\_\_  
Mentor/Supervisor Signature  
(If the applicant is underage, the mentor must sign to agree that there will be direct supervision over the Volunteer at all times)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager of Research

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Specialist

\_\_\_\_\_  
Date