*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**VOLUNTEER MUST BE SUPERVISED AT ALL TIMES**

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**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?

X 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

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**Section III:**

Employee Health assessment

Safety Training with the Research Lab Safety Specialist

Tier 1 training (if applicable)

CITI Training (if applicable)

**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)

Volunteer and/or Legal Guardian Signature Date

*(Consent of legal guardian is required for applicants under the age of 18)*

Mentor/Supervisor Signature Date

*(If the applicant is underage, the mentor must sign to agree that*

*there will be direct supervision over the Volunteer at all times)*

Manager of Research Date

Project SpecialistDate