## **VOLUNTEER INFORMATION**

| NAME:  | Phone #:                   | Email:                             |                              |
|--|----------------------------|------------------------------------|------------------------------|
| Address:   |                            |                                    |                              |
| Are you 18 years or older? □YES  UW – see reverse of this sheet).  Are you performing these activities  Student Research Proposal instead) |                            |                                    |                              |
| Emergency Contact:   | Rela                       | itionship:                         | Phone #:                     |
| Address:   |                            |                                    |                              |
| A&A Program  |                            | Director or PI:                    |                              |
| Location(s):   |                            | Supervisor:                        |                              |
| Start Date:  | End Date:                  | Work Schedule:                     |                              |
| Planned work activities and perforn  | nance expectations         |                                    |                              |
| Notes (unusual risk factors, etc)  |                            |                                    |                              |
| Volunteer reviewed Lab safety mate   | erial & procedures with    | (Name of Reviewer)                 | on<br>(Date)                 |
| The volunteer agrees not to work o   | n, or operate equipment, w | hich s/he has not received trainii | ng or permission to operate. |
| Volunteer Signature  | Date                       | Supervisor Signature               | Date                         |
| DEPARTMENT APPROVAL  |                            |                                    |                              |
| Patrick Gibbs, Administrator   | <del></del>                |                                    | Date                         |

## **Volunteer Agreement Form Instructions**

The University carries insurance to cover medical expenses related to injuries that occur during approved volunteer activities. This insurance policy requires that the department, and therefore the supervisor maintain the names of all their volunteers and the dates and hours worked they worked. This volunteer agreement form should be completed, signed and dated by the volunteer and the supervisor, who thereby accepts responsibility for the safety of the volunteer while engaged in the volunteer activity. This form should be returned to the main office.

University Administrative Policy Statement 14.1.4 "Workers' Compensation Program" provides more information, see http://f2.washington.edu/treasury/riskmgmt/wc.

Volunteers who are injured should follow the same claim filing and accident reporting procedure as regular University employees. See <a href="http://www.washington.edu/admin/rules/APS/10.08.html">http://www.washington.edu/admin/rules/APS/10.08.html</a>, Administrative Policy Statement 10.8 and Section 4.c of this policy statement for information.

## Volunteers under age 18:

The University has well defined guidelines for volunteers classified as minors. More information can be obtained at <a href="http://www.washington.edu/admin/rules/APS/44.03.html">http://www.washington.edu/admin/hr/polproc/emp-minors.html</a>. The UW guidelines conform to the Washington State guidelines laid out in publication F700-022 that can be found at <a href="http://www.lni.wa.gov/ipub/700-022-000.pdf">http://www.lni.wa.gov/ipub/700-022-000.pdf</a>. These documents describe the records that must be kept, the hours that can be worked and those specific activities that cannot be undertaken by minors of certain ages. The supervisor should be familiar with the contents of this publication before engaging volunteers who are minors. In general, under-18 volunteers must not do

- Jobs using power-driven machines
- Jobs with possible exposure to bodily fluids, or radioactive and hazardous substances
- Jobs requiring specialized personal protective equipment. Examples include jobs requiring: chemical or bio-protection suits, respirators, helmets, gas/vapor masks, welders gear. This rule does NOT include jobs requiring items meant only to protect clothing (e.g. aprons, lab coats), clean-room clothing, or items commonly used in lab classrooms, such as eye protection, hearing protection, gloves, or dust masks.

Further Washington State rules on hiring minors can be found at: http://www.lni.wa.gov/WorkplaceRights/TeenWorkers/

More information on coverage for volunteers and the supervisors responsibilities is available by calling the Office of Risk Management, 206-543-0183 or by sending an email inquiry to: workcomp@u.washington.edu.

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