

**HWCOM Student Volunteer Process Checklist Form A2**

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

 Date Completed:

1. Lab manager interviews the student and refers to PI if the student is suitable. \_\_\_\_\_\_\_\_

It is suggested the GPA should be 3.00 or above for undergraduate students. Medical students

must first obtain approval to participate in research by their academic advisor.

1. PI interviews the student and requests a letter/email of recommendation (If under 18,

a parent/guardian should accompany the student). \_\_\_\_\_\_\_\_

1. When mutually agreed, the student volunteer fills out HWCOM Volunteer Application (Form A)

Major duties description to be provided by PI.

(If under 18 – parent/guardian needs to sign Form A) \_\_\_\_\_\_\_\_

1. PI sends Form A to HWCOM Research office \_\_\_\_\_\_\_\_
2. PI provides the student volunteer with a list of all the EHS required courses. \_\_\_\_\_\_\_\_
3. The student volunteer submits completed certificates to the lab manager within a mutually agreed

 upon time frame. (According to EH&S)

Laboratory Hazard Awareness Training \_\_\_\_\_\_\_\_

HazCom: In Sync with Globally Harmonized System \_\_\_\_\_\_\_\_

Fire Safety \_\_\_\_\_\_\_\_

Additional courses as determined by the PI’s lab requirements:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

1. When training complete, PI fills out HWCOM Volunteer Application (Form B) as supervisor, signs and

forwards to Department Chair for signature. \_\_\_\_\_\_\_\_

1. Once approved by Chair, Form B is forwarded to HWCOM Research office to be logged in

and reviewed. \_\_\_\_\_\_\_\_

1. HWCOM Research office forwards Forms A and B to Associate Dean for Basic Research for approval \_\_\_\_\_\_\_\_
2. Once approved, HWCOM Research office forwards Forms A and B to HWCOM HR and EH&S \_\_\_\_\_\_\_\_
3. Once Forms A and B are approved, student must complete Person of Interest form with HWCOM HR \_\_\_\_\_\_\_\_
4. Once POI form is complete the lab will be notified to permit student volunteer to start

NOTES:

* For all volunteer students a “Person of Interest Request Form” must be submitted through HWCOM HR prior to initiating the Student Volunteer Process
* No volunteer can start working before he/she passes all of the required EHS courses. No volunteer under 18 is allowed to work with EH&S designated hazardous materials, radioactive materials, Risk Group 2 or above biohazards or controlled substances. This should be mentioned by the PI in Form B.
* If the student volunteer is working with a project involving any recombinant DNA protocol or animal work or human research (including patient data), PI's protocol(s) (IBC or IACUC or IRB or all) should be amended to include the student volunteer’s name and training certificates. Volunteers cannot do any experiments under those protocols without this amendment in place.
* Any volunteer student below a “graduate student” status will NOT have Panther ID access to the lab and cannot be in the laboratory or perform experiments without the presence of an immediate supervisor.
* Medical students must have prior approval of Dr. Juan Acuna and their academic advisor.

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Printed Name of PI Phone #

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Signature of PI Date

For medical students only:

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Juan Acuna, M.D.                                                                             Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature                                                                                             Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Academic Advisor                                         Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Academic Advisor                                                  Date

NOTE: This form will be kept on file by PI and Office of Academic Affairs