



REQUEST TO APPOINT A SPECIAL PLACEMENT VOLUNTEER

Please review policy number UW V-07 to request the appointment of a volunteer to your supervision. Please note as pursuant to UMU Policy P-45, access to clinical information systems will not be granted for volunteers.

Requestor:

Name: Department/Program: Phone:

Title: Email: Location:

Volunteer Information:

Name: Date of Birth:

Email: (REQUIRED) Phone: ()

Volunteer's Anticipated Start Date: End Date:

If placement is for research, provide IRB and or IBC study number(s):

Which buildings at UMU will the volunteer be accessing? (Please List All Locations)

Will the volunteer have contact, incidental or otherwise, with:

Table with 2 columns and 2 rows regarding contact with patients/families, human blood/tissue, animals, and hazardous materials.

Volunteer's Specific Duties:

Four horizontal lines for listing specific duties.

Requestor Signature Date:

Department Chair/Dean Signature Date:

This Request Form must be resubmitted with each new study and/or annually

Please return via: Fax # (315) 464-2272 or Email to: saldol@upstate.edu