



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, Title, Department/Program, Email, Phone, 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: Contact types (Patients/Families/Study Participants, Animals, Human Blood/Tissue, Hazardous Materials) and Yes/No checkboxes.

Volunteer's Specific Duties:

Blank lines for entering 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](mailto:saldol@upstate.edu)