

REQUEST TO APPOINT A SPECIAL PLACEMENT VOLUNTEER

Requestor/Host Department Supervisor:

Name: _____ **Title:** _____
Department/Program: _____ **Email:** _____
Phone: _____ **Location:** _____

Special Placement Volunteer Applicant Information:

Name: _____ **Date of Birth:** _____
Email: _____ **Phone:** () _____
PRINT CLEARLY

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:

Patients/Families/Study Participants: <input type="checkbox"/> Yes <input type="checkbox"/> No	Human Blood/Tissue: <input type="checkbox"/> Yes <input type="checkbox"/> No
Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteer Specific Duties: _____

Requestor Signature: _____ **Date:** _____
Department Chair/Dean Signature: _____ **Date:** _____

In order for this request form to be accepted by the Office of Volunteer Programs, it must be clearly and completely filled out. All request forms must be resubmitted with each new study and/or annually.

SUBMIT COMPLETED REQUEST FORM TO:
volunteer@upstate.edu or Fax# (315)464-2272