

Volunteer-Mentor Research Experience Form

Biomedical Science Graduate Programs

Minor Volunteers, Ages 16-17

I, (Mentor Name) _____, in the Department of _____

agree to serve as a research mentor for (volunteer's name) _____. The

volunteer is from (home institution name)_____.

The age of the volunteer is _____. This mentoring relationship will begin _____(specific start date) and end _____(specific end date within a year of the start date).

The research will be conducted at _____(laboratory where majority of research will be performed). The volunteer shall participate in the following activities or experiences as part of their research experience:

Volunteer Information:

Personal e-mail address _____ Date of Birth _____

Home Address _____
(Address, City, State, Zip)

Address of Parent and/or Legal Guardian:

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Emergency Contact other than parent or guardian if they cannot be reached:

Contact _____

Phone _____

REQUIRED TRAINING:

HIPAA

General Biosafety Training

Fire Safety Training

Laboratory Safety

PROJECT SPECIFIC TRAINING:

The OUHSC research mentor is responsible to determine which training is appropriate for the project and ensure the

student working in their laboratory is in compliance. Mentor should maintain certificate(s) of completion:

Bloodborne Pathogens	Research Animal Training	TB Training	Human Subjects Training
Radiation Safety	DOT Shipping	IBC Training	

I understand that the volunteer should be supervised at all times while in the laboratory. I agree that any laboratory employee who is responsible for supervising the volunteer must have received a background check within the past year.¹ Additionally, I will verify that any University student who is responsible for supervising the volunteer is in good standing with his or her College.

I understand that I must comply with all Institutional Animal Care and Use Committee (“IACUC”) policies, specifically including Policy 122, if the volunteer will be working with or near research animals.

I agree to provide the volunteer with applicable building security and emergency information, including inclement weather procedures and fire and safety evacuation procedures. Policy 122 can be found at <http://risk.ouhsc.edu/MinorsonCampus.aspx>.

I agree to oversee this volunteer’s research experience and be responsible for making certain that the volunteer receives project specific training to safely perform research activities. I agree that the volunteer will not start research activities until all of the training has been obtained.

Volunteer’s Signature _____ Date _____

Mentor’s Signature _____ Date _____

Department or Program Director’s Signature _____ Date _____

Volunteer must return the completed form to Graduate Program in Biomedical Sciences, P.O. Box 26901, BMSB 332, Oklahoma City, OK 73190, email GPIBS@ouhsc.edu. Graduate Programs shall forward a copy to the Office of Enterprise Risk Management, at MINORSONCAMPUS@ouhsc.edu

These forms have been modified for this particular program, given the age and level of education of these minors, to incorporate the applicable provisions of the OUHSC Minors on Campus Guidelines.

¹ Minors on Campus background checks are available through Human Resources.