

Form G (OKC)
Volunteer-Mentor Research Experience Form
Youth Volunteers

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 ***OUHC 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

For Patient-Facing Experiences Only: The *OU research mentor is further responsible* for verifying through a valid COVID-19 Vaccination card or a copy of an Immunization record from OSIIS that the student working in the laboratory has completed a World Health Organization (WHO) approved COVID-19 vaccine series (i.e. Pfizer, Moderna, J&J Janssen) prior to the start date of their lab mentorship. Students who fail to show proof that they have received the COVID-19 vaccine will not be permitted to participate in the lab mentorship until they do. By signing this form, I confirm that I have verified that the student volunteer is fully vaccinated against COVID-19.

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 can be found at University of Oklahoma Enterprise Risk Management websites (Norman or OUHC).

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 the mentor. The mentor shall forward a copy to the Office of Enterprise Risk Management, at youthprotection@ou.edu or youthprotection@ouhsc.edu.

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