

**Form G (OKC)**  
**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  
Training

Research Animal Training

TB Training

Human Subjects

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.<sup>1</sup> 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](mailto:GPIBS@ouhsc.edu). Graduate Programs shall forward a copy to the Office of Enterprise Risk Management, at [MINORSONCAMPUS@ouhsc.edu](mailto: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 University Minors on Campus Policy.

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<sup>1</sup> Minors on Campus background checks are available through Human Resources.