



# THE OHIO STATE UNIVERSITY

## COLLEGE OF PUBLIC HEALTH

### **Adult (18 and over) Research Volunteer Application**

Please return the completed form to the Human Resources Manager, 262 Cunz Hall, 1841 Neil Avenue, Columbus, Ohio 43210.

Dr. Mr. Mrs. Ms. Miss (Circle)

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Phone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Fax) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ BuckID#: \_\_\_\_\_

How long have you been a resident of Ohio? \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer/College: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Are you a year-round resident? \_\_\_ yes \_\_\_ no \_\_\_\_\_ If not, what months are you available?

Citizen/Permanent Resident \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Nationality \_\_\_\_\_

Visa Type (if applicable) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

Address

Phone

Relationship \_\_\_\_\_

High School: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Name of college (if applicable): \_\_\_\_\_ Degree(s)/Major: \_\_\_\_\_

Date of graduation (if applicable): \_\_\_\_\_

Please check the area(s) of interest:

Biostatistics

Environmental Health Sciences

Epidemiology

Health Behavior and Health Promotion

Health Services Management and Policy

Are you interested in laboratory based research?  Yes  No

Please list any relevant laboratory/research training (add pages, if necessary): \_\_\_\_\_

Please provide the name of the Sponsoring Principal Investigator \_\_\_\_\_

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Have you ever been convicted of a criminal offense? \_\_\_ yes \_\_\_ no \_\_\_\_\_

If yes, you must provide details. A conviction will not necessarily bar you from volunteer service. Please use this space to describe the offense (add more pages, if necessary): \_\_\_\_\_

1. **Age:** Adult Volunteers must be at least 18 years of age.
2. **Application:** All prospective Adult Volunteers must file this application with the academic division office. Filing the application does not assure placement. The choice of applicants is determined on the basis of personal qualifications and traits as judged by the Principal Investigator and Division Chair.
3. **Letter of welcome:** The Division Chair should write a letter welcoming the applicant to the division and outlining his/her position description, as follows: The name of the Principal Investigator, a brief description of the research project, the techniques used, potential workplace hazards, a statement that the volunteer will be supervised daily by the PI or qualified designee (name and title).
4. **Letters of Recommendation:** Volunteers must supply names and complete addresses of two personal references whom they have known for at least 2 years (not relatives), and the name and address of their personal physician.
5. **Safety Training:** All volunteers are required to take the same safety training classes required of regular laboratory and non-laboratory employees. The appropriate training will be assigned to you by the college's compliance officer and the completed training record will be kept on file. All training should be completed by the start date or no later than one week post-start date.
6. **Biosafety:** Volunteers and visiting scientists may not work in BSL 3 facilities, unless an agreement is made with the Institutional Biosafety Officer and background checks are completed.
7. **Keys:** University keys and door codes may not be issued to non-OSU affiliated volunteers. Student volunteers may be given laboratory keys and building access if requested by the Principal Investigator. Visiting Scientists may be issued keys if requested by the Principal Investigator and Division Chair.
8. **BuckID Badges** are required for Non-Affiliated Adult Volunteers. This will include fingerprinting and identity check. **Social security number is absolutely required.**
9. **Health:** Adult Volunteers are expected to be in good physical and mental health. He/she must have appropriate health exams and vaccinations before entering the research area/ laboratory.

Proof of health insurance and current tetanus and Hepatitis B vaccinations are required; a recent tuberculin (TB) test also may be required. The applicant's private physician or the Health Department can provide these services. If vaccinations/tests and other medical treatment are obtained at OSUMC, the volunteer will be responsible for payment.

10. **Uniform:** Personal Protective Equipment: Adult Volunteers/ unpaid visiting scientists must, when appropriate, wear a full-length lab coat or any other personal protective equipment (PPE) provided by the PI. No high heeled shoes, open toe shoes or sandals, or shorts may be worn in the laboratory. Clothing must completely cover the torso (no bare midriffs).

**Compensation:** The Volunteer understands and agrees that the relationship between the Volunteer and OSU is not that of employer and employee, that he/she shall have no authority to bind or act on behalf of OSU, that he/she is not entitled to receive compensation as a result his/her activities at OSU, and that he/she is not entitled to any sick leave, vacation pay, retirement benefits, social security, disability benefits, unemployment benefits, workers compensation benefits or any other benefits that OSU provides for its employees.

**Intellectual Property:** In the course of his/her work with the Principal Investigator, Professor \_\_\_\_\_, the Volunteer may acquire information that is the intellectual property of OSU. This intellectual property may consist of unpublished results, know-how, non-patentable information, patentable or other written or orally transmitted information. The Volunteer agrees that no information acquired by the Volunteer during his/her tenure at OSU will be transmitted by the Participant in any form to any third party.

**Patents:** In the event that discoveries result from the Volunteer's efforts at OSU, such discoveries and any resulting know-how, patent application or patent will be the property of OSU. Furthermore, OSU will be the owners of all intellectual property generated by the Volunteer during his/her tenure at OSU. This will include, but will not be limited to, know-how, patents, original data, computer programs and records of work. The timing, extent and content of all publications regarding the results of the activities under this Agreement shall be at the discretion of OSU and the Principal Investigator.

**I understand that my placement as a volunteer in a research laboratory in The College of Public Health will be mutually probationary and that it can be revoked at any time.**

**I also understand that The Ohio State University is not responsible for required vaccinations/tests, illness or injury, or for payment to a physician or emergency department encountered during my volunteer service.**

**The applicant agrees to hold OSU, their Regents, officers, agents and employees, harmless from any loss, claim, damage, or liability of any kind involving the Volunteer arising out of, or in, connection with this Agreement, except to the extent that it is directly due to the negligent acts or omissions of any of the Regents, officers, employees or agents of OSU.**

I have read the above requirements, understand them, and wish to apply to be a **Adult Volunteer**.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Adult Volunteer)

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Principal Investigator)

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Departmental Chair)