

## FIU VOLUNTEER Application-Supervisor Form (B)

**Supervisor Instructions:** Please complete this application and consult with your HR Liaison for any internal processes. The Supervisor must submit both application A & B as one legible PDF attachment, to [volunteers@fiu.edu](mailto:volunteers@fiu.edu) ensuring that the Department approves below.

First and Last Name of Volunteer: \_\_\_\_\_ Department Name: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor Panther ID#: \_\_\_\_\_

Office extension#: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_

Standard Hours per week: \_\_\_\_\_ Location of Volunteer Services: \_\_\_\_\_

Detailed description of work to be performed (*Must include purpose, benefit, project title and Project ID# (if applicable)*):

*Note: Cannot be duties that are currently for a paid employee.*

\_\_\_\_\_  
\_\_\_\_\_

**Please review the list below and select "Yes" or "No" if the volunteer will have "hands on" duties in any of these laboratories:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Hazardous Chemicals/Biosafety Level 2</li><li>• Greenhouse</li><li>• Clinic Area</li></ul> | <ul style="list-style-type: none"><li>• Animal Facility</li><li>• Research Diving/Boating Facilities</li></ul> |
|--|--|

Yes or  No

**If yes**, please submit a person of interest (POI) request type: **Research Labs** along with the EH&S risk assessment form below for EH&S, ORED and TAM-HR approval.

**Please select those duties that apply to the volunteer (These duties may require background check and/or fingerprinting)**

**Note: Volunteers CANNOT have a POI (AD access), handle/manage cash, checks, gift cards, debit/credit cards and/or drive on behalf of the university.**

- Will this role be volunteering in the Center for Children and Families
- Will this role require entering any K-12 Schools? (**Those providing services in K-12 Schools will require MDCPS Clearance at a cost.**)
- Will this role conduct IT related functions, e.g., IT Technician, Data Analyst, Application Developer, etc.?
- Will this role be providing services in the Athletics department?
- Will this role be traveling with Athletics teams to events?
- Will this role be in any special trust, responsibility, and sensitive locations (Museums, Housing Residential Life, NFSTC, etc.)?
- Will this role be providing service within FIU Children's Creative Learning Center (CCLC) or FIU Embrace?
- Will this role be providing service in a university sponsored Summer Camp or After school program? (**Those providing services in Camps will require DCF Clearance at a cost**)

I acknowledge that it is my responsibility to assure that proper training, personal protective equipment and safety information is provided to the volunteer before assignment of any task and that appropriate consideration has been given to security issues associated with this assignment. Depending on the Nature of the volunteer work, I acknowledge and agree that personal protective equipment appropriate for, and specific to, laboratory hazards will be provided to any volunteer. If the volunteer work involves a laboratory, I state that my laboratory is in full compliance with all applicable Florida International University safety programs and regulations.

If the volunteer is a minor, I acknowledge that I have read, understand, and will adhere to the FIU's Policy agree that the minor volunteer(s) will be always supervised while in the laboratory and never left alone. I agree not to have minors perform services that are not in compliance with the Child Labor Laws.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT APPROVAL: (REQUIRED)**

I have reviewed the application and authorize the Volunteer to work on the above referenced project.

Print Department Manager Approver Name: \_\_\_\_\_

Department Manager Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EH&S & ORED (When Applicable) Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_**

Recommended:  Yes  No \_\_\_\_\_

EH&S Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ORED Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TAM-HR Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_**

Cleared:  Yes  No  N/A

Date Cleared: \_\_\_\_\_

TAM-HR Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **FIU VOLUNTEER - EH&S Risk Assessment Form**

**Supervisor Instructions:** Please check off any materials or equipment that will be used during the assignment. Attach all other application forms to the Intern or Research Lab POI request online before beginning any hands-on work.

To comply with University EH&S policies, the following information must be obtained for the application to be properly reviewed. It is important that EH&S and ORED have all the necessary information to decide as to whether the volunteer or Research Lab POI can perform the services. EH&S and ORED will review the application and advise whether the volunteer or Research Lab POI work has been approved and what restrictions, if any, are applicable. Once EH&S and ORED reviews and approves the form, they will approve the request so that it goes to HR for final review and processing. If you have any questions regarding the EH&S requirements, please email [ehs@fiu.edu](mailto:ehs@fiu.edu). If you have any questions regarding the final HR review and approval process, please email [volunteers@fiu.edu](mailto:volunteers@fiu.edu).

If the volunteer is a Minor (i.e., person between the age of 14 and 18 years) the volunteer is restricted by the number of hours he or she can work depending on the Minor's age and where the services can be performed (e.g., certain laboratory activities are not permitted for Minors to perform).

**Intern First and Last Name:** \_\_\_\_\_

**Materials and Equipment to be used- Check AND List all that Apply.**

### **Chemicals**

- Flammable  
\_\_\_\_\_
- Reactive  
\_\_\_\_\_
- Carcinogenic \*
- Toxins \*
- Corrosive  
\_\_\_\_\_
- Oxidizer  
\_\_\_\_\_
- Cryogen  
\_\_\_\_\_
- Pharmaceuticals \*
- Gases  
\_\_\_\_\_
- Radioactive Materials \*
- Infectious organism/agents \*
- Controlled substances \*
- \_\_\_\_\_

### **Biological Material**

- Recombinant DNA \*\*  
\_\_\_\_\_
- Bacteria \*\*  
\_\_\_\_\_
- Viruses \*\*  
\_\_\_\_\_
- Fungi \*\*  
\_\_\_\_\_
- Parasites \*\*  
\_\_\_\_\_
- Human Source Material \*  
\_\_\_\_\_
- Insects  
\_\_\_\_\_
- Plants  
\_\_\_\_\_
- Animals \*\*  
\_\_\_\_\_
- Research Diving/Boating\*  
\_\_\_\_\_

### **Equipment**

- Fume Hood  
\_\_\_\_\_
- Biosafety Cabinet  
\_\_\_\_\_
- Laminar Clean Bench  
\_\_\_\_\_
- Autoclave  
\_\_\_\_\_
- Centrifuge  
\_\_\_\_\_
- Analytical Instruments  
\_\_\_\_\_
- Industrial Machinery  
\_\_\_\_\_
- Noise Producing Equipment  
\_\_\_\_\_
- Other Equipment (specify)  
\_\_\_\_\_
- Radiation Producing Machine \*  
\_\_\_\_\_
- Climbing on scaffolding, etc. \*  
\_\_\_\_\_
- Lasers \*  
\_\_\_\_\_

**\*Prohibited for minors**

**\*\*Classifies as risk group 2**