FIU Volunteer Application-Supervisor Form (B)

Instructions: Please complete this application and submit to volunteers@fiu.edu as one legible PDF attachment.

Name of Volunteer: _____________________________ Title of Project: __________________________
Name of Supervisor: _____________________________ Supervisor Panther ID: __________________
Telephone: __________________________ Email: __________________________
Date Volunteer Work Begins: ____________ Date Volunteer Work Ends: ____________
Estimated Hours per week: _________________ Location of Volunteer Work: ______________________
Description of work to be performed (Please be detailed): __________________________________
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☐ Working with minors ☐ Handling confidential information ☐ Providing IT services ☐ Traveling ☐ Handling currency

Is this “hands-on” work in a laboratory/greenhouse/clinic area/animal facility? : ☐ Yes ☐ No
If yes, an Environmental Heath and Services Assessment form must be completed by the Supervisor and approved by EH&S before beginning volunteer services. Volunteer form A&B + EH&S Risk Assessment Form must be email to ehs@fiu.edu prior to HR submission.

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. I have completed the Minor’s Hazard Specific Safety Training. I agree that the minor volunteer(s) will be supervised at all times while in the laboratory and never left alone. I agree not to have minors perform services which are not in compliance with the Child Labor Laws.

Supervisor Signature: __________________________ Date: ____________

DEPARTMENT APPROVAL

I have reviewed the application and authorize the volunteer to work on the above referenced project. Name of Department Head/Manager (Print): __________________________

Dept. Head/Manager Signature: __________________________ Date: ____________

EH&S (When Appropriate): Date Received: ____________ Reviewed By: __________________________
Recommended: ☐ Yes ☐ No ☐ Pending additional information
Additional Information: _____________________________________________________________________
Signature: __________________________ Date: ____________

DHR Date Received: ____________ Reviewed By: __________________________
Recommended: ☐ Yes ☐ No ☐ Pending additional information
Additional Information: _____________________________________________________________________
Signature: __________________________ Date: ____________
EH&S Risk Assessment Form
(To be completed by supervisor if assignment is “hands on” work in laboratory/greenhouse/clinic area/or animal facility.)

In order to comply with University EH&S policies, the following information must be obtained for the application to properly be reviewed. Please email this form together with the FIU Volunteer Application-Supervisor Form ehs@fiu.edu BEFORE beginning any hands-on work in the laboratory/greenhouse/clinic area/animal facility, etc. It is important that EH&S will have all of the necessary information to make a determination as to whether the volunteer can perform the services. EH&S will review the application and advise whether the volunteer work has been approved and what restrictions, if any, are applicable. Once EH&S reviews the form, please email to volunteers@fiu.edu for final review and processing.

If the volunteer is a minor (i.e., person between the areas 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).

Volunteer Name: ___________________________

Materials and Equipment to be Used- Check AND List all that Apply

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<tr>
<th>Chemicals</th>
<th>Biological Material</th>
<th>Equipment</th>
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<tr>
<td>Flammable</td>
<td>Recreation DNA **</td>
<td>Fume Hood</td>
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<tr>
<td>Reactive</td>
<td>Bacteria **</td>
<td>Biosafety Cabinet</td>
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<tr>
<td>Carcinogenic *</td>
<td>Viruses **</td>
<td>Laminar Clean Bench</td>
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<tr>
<td>Toxic *</td>
<td>Fungi **</td>
<td>Autoclave</td>
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<td>Corrosive</td>
<td>Parasites **</td>
<td>Centrifuge</td>
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<td>Oxidizer</td>
<td>Human Source Material *</td>
<td>Analytical Instruments</td>
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<td>Cryogen</td>
<td>Insects **</td>
<td>Industrial Machinery</td>
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<td>Pharmaceuticals *</td>
<td>Plants **</td>
<td>Noise Producing Equipment</td>
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<tr>
<td>Gases</td>
<td>Animals **</td>
<td>Other Equipment</td>
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<tr>
<td>Radioactive Materials *</td>
<td>Research Diving</td>
<td>Radiation Producing Machine *</td>
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*Prohibited for minors
**Classifies as risk group 2 and above.