*Legacy Research Institute (LRI)*

**Request for Volunteer Support**

**Section I: (***Volunteer or Mentor to complete this section)*

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what duration would you like to volunteer at LRI? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Schedule (circle): MON TUE WED THUR FRI

Estimated Hours/Day: \_\_\_\_\_\_\_\_\_ Estimated Number of Days/Week: \_\_\_\_\_\_\_\_\_

How did you hear about volunteer opportunities at LRI? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What do you hope to gain from volunteer experience at LRI? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Section II: (***Mentor to complete this section)*

Mentor/Supervisor (name/title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If at any time the volunteer’s mentor changes, please notify Melissa Dang or Geo Marin-De La Vega, LRI Administration)*

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of duties to be performed by volunteer: (Please be specific, attach extra pages if needed.)

**VOLUNTEER MUST BE SUPERVISED AT ALL TIMES**

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**Section II continued*: (to be completed by Mentor)***

**THE VOLUNTEER WILL HAVE NO DIRECT CONTACT WITH ANIMALS**

Will the volunteer be working on, observing, or teaching protocols for research involving the use of animals/animal tissue?

 YES NO

**If YES, the following is required**:

* CITI Training
* Tier 1- Orientation to animal care and use at LRI
* LRI. Preventing Asthma and Allergies in Animal handlers (E+ Training)
* Employee Health assessment

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**Section III:**

Employee Health assessment

Safety Training with the Research Lab Safety Specialist

Tier 1 training (if applicable)

CITI Training (if applicable)

**The following trainings are required before the Volunteer can start in the Lab**:

(This will be scheduled by LRI Admin during the Volunteer Onboarding process)

Volunteer Signature *(Applicant under the age of 18*  Date

 *requires consent of parent or legal guardian)*

Mentor/Supervisor Signature Date

Erna Hibbitts Date

*Director of Research Operations & Administration*

*Manager of Research or Project Specialist* Date