**Adult Volunteers in a PSU Laboratory/Site**

This procedure establishes required measures to be taken when an adult volunteer is being considered for activity in a Penn State laboratory, or other specialized location, ensuring that s/he has received the appropriate instruction.

1. Faculty Sponsorship: The volunteer must be sponsored/supervised by a member of the Penn State University faculty. This faculty sponsor is responsible for ensuring that this procedure is completed and that the volunteer’s activities are supervised closely.
2. The faculty Sponsor must also ensure that the student's activities will not include direct work with:
   * Corrosive materials
   * Toxic chemicals, including carcinogens
   * Radioactive materials
   * Flammable liquids
   * Infectious agents
3. Penn State Employees/Volunteers/Independent Contractors interacting with high school students are required, by law, to have the 3 publicly-available background clearances on file within their respective HR unit. Instructions for completing these clearances can be found at: <http://www.universityethics.psu.edu/sites/universityethics/files/9-1-15-updated-background-clearance-instructions.pdf>
4. Penn State Employees/Volunteers/Independent Contractors interacting with high school students are required to participate in the *Building a Safe Penn State: Reporting Suspected Child Abuse* training prior to interacting with minors. Instructions found at: <http://www.universityethics.psu.edu/UniversityEthics/Training/index.cfm>)
5. The sponsoring faculty is responsible for making all arrangements for volunteers to receive all appropriate training. Volunteers may begin work only after all training has been completed.
6. Laboratory Safety Approval: The sponsoring faculty must complete the Proposal for Volunteer to Conduct Research or Work (Paid or Unpaid) in a Laboratory/Department form. When the Department Chair has signed the proposal, the sponsoring faculty sends the completed form to those individuals listed at the end the “proposal” form.
7. Approval must be resubmitted if there are any substantial changes in the activities or scope of work.
8. Copies of all forms are to be to be kept on record by the Head of the Laboratory.
9. If you have any further questions, please contact Environmental Health and Safety at 814-865-6391 or PSU Youth Programs at 814-865-8785.

VOLUNTEER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that I understand I have freely volunteered my service to the Pennsylvania State University College of [xxx], and acknowledge that I am not acting in the capacity of an employee of The Pennsylvania State University while undertaking these activities. I agree to be bound by the rules of conduct of the College and its laboratories. Further, I hereby agree to defend, indemnify and hold harmless the University, its officers, directors, employees and agents from any claim of injury or negligence resulting from my activities as a volunteer.

VOLUNTEER SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposal for Adult Volunteer to Conduct Research or Work (paid or unpaid) in a PSU Laboratory/Site**

***PLEASE PRINT***

Volunteer’s Last Name: First Name: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_ State: Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Description of project the above volunteer will be doing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is the lab experience for (please check one): 🞎 Academic Credit 🞎 For Payment 🞎 Volunteer Experience

**Please provide a summary of techniques this volunteer is likely to use, as well as the materials and equipment which require particular care; these should be discussed with the volunteer:**

*Techniques: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Materials and Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***NOTE: Significant changes in the activities or scope of work described above will require re-submission***

Does your laboratory use:

Radioactive materials yes 🞎 no 🞎 Carcinogenic substances yes 🞎 no 🞎

Toxic & hazardous substances yes 🞎 no 🞎 Corrosive materials yes 🞎 no 🞎

Flammable substances yes 🞎 no 🞎 Lasers yes 🞎 no 🞎

Infectious agents yes 🞎 no 🞎 Lab animals yes 🞎 no 🞎

Other hazards/concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any involvement the volunteer might have with any of the above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please describe the volunteer’s past lab science courses, lab experience, worksite experience, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Department Chair Name (please print) Department Chair Signature

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

Sponsoring Faculty Member (please print) Sponsoring Faculty Member Signature

***Please return completed forms to****: EHS, 6 Eisenhower Parking Deck, University Park, PA*

*Head of Laboratory/Department identified above, Penn State University, University Park, PA 16802*

*Risk Management, Suite 103, Rider Building II, State College, PA 16801*

*Sponsoring College Associate Dean for Undergraduate Education*

*Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Safety Training completed yes 🞎 no 🞎

Project Approved yes 🞎 no 🞎

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

EHS Authorization By: Name/Title (please print) EHS Authorization Safety Officer Signature

***EHS to send final, signed approval back to the offices listed above.***