



Volunteers:

- Must be at least sixteen years old or be part of an approved school program. (Please refer to [Volunteer Policy A040](#));
- Must be a U.S. Citizen or Permanent Resident;
- Must **NOT** be employed by the University of Miami;

**Applicants interested in volunteering at the Miller School of Medicine or the Coral Gables campus must be offered a volunteer position by a department prior to completing the application.

Required Documentation:

1. Volunteer Service Application
2. Volunteer Service Background Search Form
3. Volunteer Service Agreement or Volunteer Service Parental Consent
4. Resume
5. Driver's license (Front and back) or passport
6. Social Security Card (Front and back)
7. Proof of MMR
8. PPD Results or X-ray for TB (must be within 1 year)
9. [Hospital Orientation Link](#)
10. [OSHA Orientation](#)
11. [HIPAA Orientation](#)
12. [HIPAA Agreement](#)
13. [Confidentiality and Computer User Agreement](#)
14. [EH&S Mandatory Training Checklist](#) **(if applicable)**

**VOLUNTEER SERVICE
APPLICATION
Page 1 of 2**

**UNIVERSITY
OF MIAMI**



- Directions:
- Please complete pages, even if resume is attached
 - Type or print, using black ink
 - If you need additional space, attach a separate sheet
 - Sign the completed application

GENERAL

Name (Last) (First) (Middle) Today's Date

Present Address (Street, City, State, Zip Code)

Day Phone with Area Code Evening Phone with Area Code U.S. Citizen or Permanent Resident?

Cellular Number E-Mail Address

Have you ever Volunteered for U.M.? ___ Yes ___ No If Yes, Indicate Dates of Volunteer Service Department Position
If Yes, Department Contact Name:

Name(s) and Department(s) of any family members employed at the University of Miami

EMERGENCY

Emergency Contact Name Relationship to You Phone No.

Physician's Name Phone No.

REFERENCES

Name Relationship E-Mail Address Phone Number.

1. _____
2. _____

EDUCATION AND TRAINING

Relevant Education (If student, indicate academic affiliation, graduation year)

Relevant training skills, experience



VOLUNTEER SERVICE INFORMATION

UM Department Division Dept. Contact Name Dept. Phone No.

UM Department Address: Street Address Building/Room No. Zip Locator Code

Start Date End Date Estimated Hours Per Week

Why do you choose to volunteer at the University of Miami? _____

Describe what the Volunteer will be doing: **BE VERY SPECIFIC**

1. _____
2. _____

SIGNATURES

I certify that all statements in this application are true. I also agree that if I am accepted as a volunteer, I will abide by all regulations of the University of Miami.

Applicant Signature (Parental signature also required if volunteer under 18 years of age) Date

Department Sponsor: Print Name and Title Signature Date

Department Chair (or Designee/Title) Signature Date

EH&S INFORMATION – to be completed by the department

Will any of the following be present during this voluntary service?	Yes	No	Will any of the following be present during this voluntary service?	Yes	No
Bloodborne pathogens			Contact with patients		
Chemicals			Contact with human research participants		
Formaldehyde/Xylene			Laboratory animals		
Radioactive materials			Lasers		
Infectious agents			Other (specify)		

If you answered yes to any of the above, please complete and attach the EH&S Mandatory Training Checklist at <http://www.miami.edu/health-safety/TrnChckLst.pdf>. ULearn transcript must be submitted to mdvolunteer@med.miami.edu prior or end of first week of volunteer Start Date. Failure to do so may result in volunteer termination.

The department must submit this completed form to contact office at least two (2) weeks prior to start date.



**VOLUNTEER SERVICE
BACKGROUND SEARCH**

(For Use in Conducting Criminal Background Check)

PRINT NAME: Last	First	Middle Name
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	RACE
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DEPT CONTACT NAME	DEPARTMENT	DIVISION	PHONE ()
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ACCOUNT NUMBER	DURATION OF ASSIGNMENT Start Date	End Date
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BACKGROUND CHECK

Have you ever pled guilty to a crime? Yes No
 Have you ever been convicted of a crime? Yes No
 Have you ever pled no contest or had adjudication withheld on any criminal charge? Yes No
 Do you have any criminal charges pending (excluding minor traffic violations)? Yes No

If you answered yes to any of the above questions, please provide dates, places, details and dispositions of any convictions, pleas, sentences or pending issues: (Attach a separate sheet, if necessary.)

Have you been a defendant in a civil action for intentional tort? Yes No
 If yes, explain the nature of the tort and the disposition of the action: (Attach a separate sheet, if necessary.)
 Tort means a wrongful act (e.g., assault, battery, fraud, or injury) for which a civil action can be brought.

CITIES/STATE(S) RESIDED IN WITHIN THE LAST THREE YEARS

CURRENT ADDRESS	HOME PHONE NUMBER ()
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PREVIOUS CITY/STATE/ZIP 1.	PREVIOUS CITY/STATE/ZIP 2.
PREVIOUS CITY/STATE/ZIP 3.	PREVIOUS CITY/STATE/ZIP 4.

If you receive an ID badge, this badge is the property of the University and is being issued to you at the University’s sole discretion, for identification purposes only while you are on the University premises. This ID badge must not be used to represent the University, represent yourself as a University employee or agent, or as having any affiliation with the University other than that identified on the badge. The University will perform a complete background investigation on you. The results of this investigation may result in you not being assigned to University facilities. Additionally, the University may revoke your access to its facilities and/or require that you return the ID badge at any time for any reason. By signing below you indicate your understanding, agreement and authorization of the above.

I agree to conform to the rules and regulations of the University.

SIGNATURE	DATE
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**The department must submit this completed form to contact office
AT LEAST TWO (2) WEEKS PRIOR TO START DATE.**

UNIVERSITY
OF MIAMI



**PARENTAL CONSENT
FOR BACKGROUND
SEARCH**

Date _____

I, the undersigned parent or legal guardian of _____, do hereby consent, on behalf of myself and said child, to have a background report prepared by Sterling Infosystems, Inc. and delivered to _____ for use for volunteer service purposes consistent with the disclosure and authorization provided to said child.

Signature of Legal Parent or Guardian

Print Name



We are pleased that you have decided to volunteer your services to the University of Miami,
Department of _____ or _____ Hospital.

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to the University of Miami.

I, Dr./Mr./Mrs./Ms. _____
(First name) (Middle initial) (Last name)

in consideration of being allowed to participate in the volunteer service of the University of Miami (the "University")
do hereby agree that:

1. I understand and agree that my volunteer service will be from _____ to _____.
(Month/Day/Year) (Month/Day/Year)

At the end of such period, I understand that my volunteer service will cease and I will no longer be permitted
access to University facilities.

2. I understand and agree that my volunteer service is in no way an offer of or employment by the University
and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my
participation in my volunteer service. I further agree to release the University from any and all claims to
compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that
at no time will I be considered or deemed to be an agent, servant or employee of the University.

3. I understand that I will be volunteering at a major research university and I therefore agree to act
appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that
the University may terminate my volunteer service at any time, with or without cause.

4. I understand that during my volunteer service, I may have access to, or may observe, certain information
that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to
parties outside of the University and to keep any University records or files, confidential. I agree to comply with
the provision of the Patent and Copyright Policy section of the University of Miami Faculty Manual, the Policies and
Procedures Manual, the Graduate Studies Bulletin and the Undergraduate Studies Bulletin. If I become associated
with any project funded, sponsored or authorized in whole or in part by a public or private grant or contract with
the University of Miami, I agree to comply with the terms thereof. I agree to execute such Assignments and other
documents as may be required to comply with the provisions above mentioned or to enable the University of Miami
to be in compliance with such grant or contract.

5. I understand that the Health Insurance Portability and Accountability Act (HIPAA) has established privacy
and security standards that I must adhere to in the daily activities as a volunteer at the University of Miami. I also
understand that the University has adopted a HIPAA Policies & Procedures Manual, which I must adhere to. In
accordance with the level of my volunteer activities, I must respect and keep patient information confidential
whether in oral, written or electronic format as mandated by the HIPAA regulation and the University of Miami
HIPAA policy. I understand that unauthorized disclosure of patient information may result in termination of my
service.

**VOLUNTEER SERVICE
AGREEMENT & RELEASE
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**UNIVERSITY
OF MIAMI**



6. Depending on the length and nature of my volunteer service, I understand that I may be required to show proof that I have been tested for tuberculosis in the past twelve (12) months.
7. In the event that my volunteer services will be in a department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to, HIV, hepatitis or tuberculosis, I hereby agree to assume all risks and responsibilities associated with participation in such an volunteer service. Furthermore, I hereby agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin, may sustain or suffer as a result of or arising out of my contact with such airborne pathogens or infectious diseases, whether caused by the negligence of the University of Miami, persons acting on its behalf or otherwise.
8. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University of Miami persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon the University's facilities during my participation in the volunteer service.
9. I understand that as a university volunteer the University of Miami does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits as a result of my University volunteer affiliation.
10. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Florida.
11. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

Print Name

Participant Signature

Date

Provide one copy of this agreement to the university volunteer.
Retain this agreement for seven years from the end of service.



Required for participants under 18 years of age

By signing below, I _____, hereby attest to the following:

1. I am the legal guardian of _____, who is under eighteen years of age, and has my permission to participate as a volunteer from _____ to _____ at the Department of _____ at the University of Miami, according to the duties described in her/her Volunteer Service Application which I have read and signed.

2. In consideration of allowing him/her to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which he/she, I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University of Miami persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that he/she inflicts upon any person or upon the University's facilities during his/her participation in the volunteer service.

3. I understand that as a university volunteer the University of Miami does not provide him/her with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by him/her and me. Further, I understand that he/she is neither covered by Workmen's Compensation nor entitled to employee benefits as a result of his/her university volunteer affiliation.

4. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord.

Print Name

Signature of Legal Guardian

Date

Print the full name and address of a person who can be reached between the hours of 8:00 a.m. and 5:00 p.m. in case of emergency.

Print Name

Relationship

Address

Phone Number

Provide one copy of this agreement to the university volunteer.
Retain this agreement for seven years from end of service.