Volunteer Workers involved in Field, Laboratory, or Teaching Activities at North Carolina State University

Scope

University volunteers include, but are not limited to Visiting Scholars and other individuals who are uncompensated by North Carolina State University and who perform services directly related to the business of the University to support the research, teaching or public service activities of the University or to gain experience in specific endeavors.

Volunteer workers under the age of 18 are not addressed in this document and are to be handled by the Minors Involved in Field, Laboratory, or Teaching Activities at North Carolina State University Policy.

Tours and visitors to laboratories are not handled by this policy.

General

Under no circumstances shall individuals unable to understand safety training be permitted in North Carolina State University laboratories except as research study participants in an approved research protocol.

Volunteer workers are permitted to perform research, field, and teaching activities at the University provided the following requirements are met: (1) Principal Investigators must notify the department head and receive documented approval. (2) The volunteer worker must receive all applicable safety training, including but not limited to:

   a. Hazard Communication
   b. Any or all of the following, based on work performed:
      i. Chemical Waste Disposal
      ii. Laser Safety
      iii. Radioactive Materials Safety
      iv. Bloodborne Pathogens
      v. X-Ray Device Safety
      vi. Chemical Hygiene Plan content

3) The volunteer worker is under the supervision of a principal investigator in the laboratory or area where the work will occur.

4) The principal investigator must meet with the volunteer worker and review the Manager’s Employee Safety Training Checklist and Laboratory Safety Plan. The signed Checklist shall be retained by the department’s Human Resources Representative.

5) The volunteer worker must use all required personal protective equipment. Each college, school, department, division or unit should make available to each volunteer required to wear personal protective equipment the devices appropriate for the activity and hazards involved. The volunteer may be required to purchase certain individualized items of personal protective equipment.
6) The volunteer worker must complete and file an Animal Contact Form with Student Health Services if there is exposure to a vertebrate animal or its tissues.

7) The volunteer worker must be monitored and supervised by a knowledgeable and experienced adult NC State employee until the principal investigator is comfortable that the volunteer can work independently. They must not work alone while performing hazardous operations or while working with hazardous materials.

8) The volunteer must follow all Departmental and University safety procedures and policies.

9) The Release of Liability and Waiver Claim Form must be completed by the volunteer worker.

10) The responsible principal investigator must complete the Principal Investigator/Supervisor Commitment Form.
North Carolina State University
Volunteer Worker Involved in Field, Laboratory, or Teaching Activities
Release of Liability and Waiver Claim

I, ____________________________________________, understand that:

- I am participating in a laboratory or field program at North Carolina State University and will study, learn or perform research or other activities in areas where hazardous substances (chemicals/biological/radioactive, etc.) or physical hazards (very hot or cold temperatures, rough terrain, laser light, electromagnetic frequencies, etc.) are present.

- I understand that I am working in North Carolina State University laboratory science and research program or field operation where I may be exposed to or receive an injury from the hazardous materials, hazardous operations, or hazardous conditions that occur in a laboratory or in the field. Volunteer workers will be responsible for all costs associated with an exposure or injury while working in the research or field setting. The North Carolina State University is in no way responsible for these expenses.

All participants, including employees, students, volunteers, and visitors, will be informed of the hazards associated with their project(s), and will be trained in safe laboratory and field work practices. Protective equipment or other safety measures, e.g. completion of a Vertebrate Animal Contact Form, will be obtained.

I understand that the responsible principal investigator, ____________________________________________, (print the name of the responsible principal investigator) is familiar with the project area, will supervise me and may be contacted at _____________________________________________ if I have questions. (print the office or other contact number)

As an authorized volunteer, I understand that I will be acting on behalf of the North Carolina State University, and I will conduct my activities accordingly. I fully understand the scope and extent of my authorized activities as a volunteer and these have been explained to me by the above-mentioned principal investigator. I have read and agree to the terms and conditions of my volunteer activities outlined in this policy, and further understand that for my personal safety I must follow all applicable University policies and procedures and the directions of the principal investigator supervising my activities.

I understand that my activities may involve risks as to personal injury or property damage. I assume responsibility for all risks and hereby release the State of North Carolina, North Carolina State University, its trustees, officers, employees and agents from any liability for personal injuries or property damage arising from my participation in this activity.

Signed: ___________________________________________ Date: ______________________

(volunteer worker)

A copy of the form, with signatures, shall be provided to the volunteer worker. Send the original completed and signed form to the Departmental Human Resources Representative. A copy of the completed form, with signature, is to be retained by the laboratory department’s administrative office for
a period not less than three years.
I, _________________________________ certify that the volunteer worker named above
(print name)
has been trained in the safe laboratory and/or field work practices described in the North Carolina State
University Policy on Volunteers Working in Laboratories and will be supervised as required under said
policy.

__________________________________________  ____________________________  ____________________________
Signature                                      Date                                      Telephone Number

A copy of the form, with signature, shall be provided to the volunteer worker. Send the original
completed and signed form to the Departmental Human Resources Representative. A copy of the
completed form, with signatures, is to be retained by the laboratory department’s administrative office for
a period not less than three years.