**ANIMAL CARE AND USE**

**VOLUNTEER REGISTRATION FORM**

### *The signed original of this form must be kept on file in the internal laboratory records.*

***A. To be completed by the Principal Investigator or laboratory manager:***

|  |  |
| --- | --- |
| **Principal Investigator:** |  |
| **Supervisor of the volunteer  (if other than PI) :** |  |
| **Department:** |  |
| **UCI Email (PI or supervisor):** |  |
| **Phone # (PI or supervisor):** |  |

|  |  |
| --- | --- |
| **Assignment Start Date:** |  |
| **Assignment End Date:** |  |
| **IACUC Protocol #(s):** |  |

**Description of activities to be performed by volunteer\*:**

|  |
| --- |
|  |

\* If duties may involve contact with human blood, body fluid or tissue, radioactive compounds or hazardous chemicals, [prior consultation with Environmental Health & Safety is required](https://www.ehs.uci.edu/uci_res/vivarium/) to ensure the volunteer has the appropriate training, vaccinations and personal health coverage.

**Volunteer Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday:** |  | **Wednesday:** |  | **Friday:** |  |
| **Tuesday:** |  | **Thursday:** |  | **Other (specify):** |  |

**Location where volunteer assignment will be performed:**

Campus  Medical Center

**Building name and room number (please give specific information):**

|  |
| --- |
|  |

**B. *To be completed by the volunteer*:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Home Phone #:** |  |
| **Alternate Phone # (e.g. mobile):** |  |
| **Volunteer’s School (if applicable):** |  |

If volunteer is less than 18 years old at any time during the volunteer assignment, please provide the following additional information:

|  |  |
| --- | --- |
| **Volunteer’s Date of Birth (mm/dd/yyyy):** |  |
| **Parents’ Name:** |  |
| **Parents’ Phone #:** |  |

**NOTE: A parent must sign this form in section C below if the volunteer is less than 18 years old at any time during the volunteer assignment.**

**Emergency Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Relationship to Volunteer:** |  |
| **Daytime Phone #:** |  | **Alternate Phone #:** |  |

**C. The undersigned acknowledge the following and agree to abide by all rules and policies of the University:**

* All volunteers must complete all [required training, orientation and enrollment in the Laboratory Animal Occupational Health Program (LAOHP)](https://research.uci.edu/compliance/animalcare-use/training-education/index.html) before they can participate in any laboratory activity involving the use of laboratory animals. To receive credit for completed training and enrollment, volunteers unaffiliated with UCI must obtain a sponsored UCINetID.
* Volunteers must be added as authorized personnel to an approved IACUC protocol, before any contact with live vertebrate animals.
* Specific laboratory procedures and activities may be of a confidential or proprietary nature and should not be shared or discussed with individuals outside of the laboratory staff.
* Any publication or use of data collected in the course of the volunteer assignment (e.g., reports, Science Fair projects, etc.) requires prior written consent of the Principal Investigator.

Volunteer Date

Volunteer’s Parent, if applicable Date

Principal Investigator Date

Supervisor of the Volunteer (if other than PI) Date

Distribution:

Original: Department

Copies: Principal Investigator

Supervisor of the Volunteer (Laboratory Manager)