



Adult Volunteer Application

Return completed forms to HR representative for the CCEC and SFC at ccechr@osu.edu

Please Print

Name: _____ Date: ____/____/____
Last First Middle

Date Of Birth: ____/____/____ Age: ____ E-mail address: _____

Address: _____
Street City State Zip

Phone: (____) _____ Student? Yes No If yes, area of study: _____

If you are not a student, please indicate highest completed level of education and area of study:

- High School Diploma/GED
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Doctoral Degree

Area of study: _____

Please list any relevant training or experience: _____

Do you have a special skill set that you think would benefit the center? Yes No

If yes, briefly describe special skills? _____

Have you ever been convicted of any criminal offense? Yes No

If yes, you must provide details below. A conviction will not necessarily bar you from volunteer service.

Emergency Contact: _____ (____)
Name Relationship Phone

Emergency Contact: _____ (____)
Name Relationship Phone



Areas of Interest for Volunteer Commitment (check all that apply):

- Assist teachers in a classroom
- Assist with developing the IT and/or technology
- Infrastructure of center
- Assist with collecting research data
- Assist with processing research data
- Provide administrative support
- Other: (please specify): _____
- Specific project/department you would like to volunteer for (leave blank if no preference): _____

Availability

Please indicate preferred start/end dates of your term of volunteering in mm/dd/yyyy format:

Anticipated Start Date: ____/____/____

Anticipated End Date: ____/____/____

Please indicate daily availability in hh:mm am/pm format:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time (hh:mm am/pm)					
End Time (hh:mm am/pm)					

REQUIREMENTS FOR ADULT VOLUNTEERS

1. All volunteers must comply with the background check requirements of the department that they apply to volunteer with.
2. Application: All prospective volunteers must complete and submit this application in accordance with the requirements established herein. Submitting an application does not assure placement. The choice of volunteers is determined on the basis of personal qualifications and traits as judged by the Principal Investigator or Center Director.
3. Volunteers must comply with all department and IRB research requirements and University policies; the assigned supervisor will notify minor volunteers of all applicable research requirements.
4. Letter of welcome: The supervisor should write a letter welcoming the volunteer to department and outlining his/her position description, as follows: (1) The name of the Principal Investigator (faculty), (2) a brief description of the research project or volunteer assignment, (3) the techniques used, potential workplace hazards, and (4) a statement that the volunteer will be supervised at all time.
5. Interview: Applicants will be contacted to schedule a personal interview with the Principal Investigator or Center Director.
6. Keys: University keys and door codes may not be issued to Minor Volunteers.
7. Willingness: It is understood that the volunteer will be working primarily assisting with research activities, although other duties related to research may be assigned.
8. Dependability: volunteers are expected to be faithful in attendance, giving notice of planned absences in advance and notifying their assigned supervisor of an emergency absence.
9. Transportation: volunteers must arrange and provide all transportation to and from the University, and while on University premises.



Compensation: The Volunteer understands and agrees that the relationship between the Volunteer and OSU is not that of employer and employee, that he/she shall have no authority to bind or act on behalf of OSU, that he/she is not entitled to receive compensation as a result his/her activities at OSU, and that he/she is not entitled to any sick leave, vacation pay, retirement benefits, social security, disability benefits, unemployment benefits, workers compensation benefits or any other benefits that OSU provides for its employees.

Intellectual Property: In the course of his/her work with CCEC/SFC researchers, the Volunteer may acquire information that is the intellectual property of OSU. This intellectual property may consist of unpublished results, know-how, non-patentable information, patentable or other written or orally transmitted information. The Volunteer agrees that no information acquired by the Volunteer during his/her tenure at OSU will be transmitted by the Participant in any form to any third party.

Patents: In the event that discoveries result from the Volunteer's efforts at OSU, such discoveries and any resulting know-how, patent application or patent will be the property of OSU. Furthermore, OSU will be the owners of all intellectual property generated by the Volunteer during his/her tenure at OSU. This will include, but will not be limited to, know-how, patents, original data, computer programs and records of work. The timing, extent and content of all publications regarding the results of the activities under this Agreement shall be at the discretion of OSU and the Principal Investigator.

I understand that my placement as a volunteer in a research laboratory in The Crane Center for Early Childhood Research and Policy, and/or the Schoenbaum Family Center will be mutually probationary and that it can be revoked at any time.

I also understand that The Ohio State University is not responsible for required vaccinations/tests, illness or injury, or for payment to a physician or emergency department encountered during my volunteer service.

The applicant agrees to hold OSU, their Regents, officers, agents and employees, harmless from any loss, claim, damage, or liability of any kind involving the Volunteer arising out of, or in, connection with this Agreement, except to the extent that it is directly due to the negligent acts or omissions of any of the Regents, officers, employees or agents of OSU.

I have read the above requirements, understand them, and wish to apply to be a Non-Affiliated Adult Volunteer.

Printed Name: _____ Signature: _____
Volunteer Applicant

Date: ____/____/____