



**COMPLETED APPLICATION FORM MUST BE SUBMITTED AT LEAST 10 (BUSINESS) DAYS BEFORE START DATE**

**Research Volunteer Requirements**

- Department Administrator will complete the Research Volunteer Appointment Request form.
- The Research Volunteer must be at least 16 years of age. **All research mentors working with Research Volunteers under the age of 18 must comply with the requirements for a criminal background check and DCFS training (this also includes virtual/remote volunteers).**
- The Research Volunteer must provide **proof of health insurance and a photo ID. INCLUDE THESE DOCUMENTS WITH THIS FORM. Email to Tina Rutschman [trutschman@luc.edu](mailto:trutschman@luc.edu)**
- International students who are not LUC students must obtain prior authorization from their home institution.
- Individuals seeking research volunteer opportunities at LUC who are on non-immigrant visas (e.g., H-4) must present confirmation of an authorization to work (e.g., Employment Authorization Document - EAD).
- **Research Volunteers are not permitted to have access to patients or patient information and may not be granted access to Epic/TogetherCare.**

**This Section is to be completed by the Volunteer.**

VOLUNTEER'S NAME: \_\_\_\_\_ CITIZENSHIP/VISA: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SS#: XXX-XX- (last 4 digits) Phone: \_\_\_\_\_

CURRENTLY ENROLLED AT: \_\_\_\_\_ HIGHEST DEGREE CONFERRED: \_\_\_\_\_

(Circle One: High School/Undergraduate School/Graduate or Professional School)

**This section is to be completed by the Faculty Mentor/Department Administrator.**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

Check here if the volunteer will be in contact with live animals and list the species. Please contact the Comparative Medicine Department for appropriate training. \_\_\_\_\_

Faculty Mentor (Please print): \_\_\_\_\_

Name, Phone & Email of Person Overseeing volunteer on a daily basis (if different): \_\_\_\_\_

**\*\*THIS PERSON WILL BE REQUIRED TO COMPLY WITH REQUIREMENTS FOR A CRIMINAL BACKGROUND CHECK AND DCFS TRAINING.\*\***

Description of activities while at Loyola (include lab locations and any potential exposure to hazardous agents or conditions): \_\_\_\_\_

Department: \_\_\_\_\_

Department Administrator: \_\_\_\_\_

FACULTY MENTOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

*(Faculty signature verifies that the volunteer will receive appropriate training and certifications.)*

CHAIRPERSON SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**APPROVALS**

Signature	Title	Date
	Vice Dean for Research	