



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE

Volunteer Application based on  
School of Medicine (SOM) Guidelines for Requesting Volunteers  
(over the age of 18)

*Note: this is not for Volunteer Faculty, Scholar Fellows or for Minors*

*Volunteer applications must be submitted to the SOM Dean's Office at least 1 week in advance of the proposed start date. Approval of the request is required prior to any individual starting volunteer activities.*

Request type (please check one):  Initial request  One-time extension

Volunteer's Name (first, last):

Email Address:

Phone Number:

Name of SOM faculty or staff member requesting/overseeing volunteer activities  
("volunteer sponsor"):

UMB Campus Mailing Address (where volunteer activities will be taking place):

Building:

Room:

Start Date:

End Date:

Number of hours per week the volunteer activities will include:

**Briefly describe the learning plan/expected outcomes of the volunteer activities, to include information related to fulfilling requirements of an educational course/licensing purposes/professional experience (attach additional pages if needed):**

Gender:  Female  Male

Citizenship Status:  U.S. Citizen  Permanent Resident  Visa Type: \_\_\_\_\_  
Exp. Date: \_\_\_\_/\_\_\_\_  
mm/yyyy

Note: Volunteers must complete required Environmental Health and Safety (EHS) training, which can be taken online at <https://www.umaryland.edu/ehs/training/training-schedule/> the volunteer activities will be in a **lab environment** of any kind, additional EHS training may be required (please contact Steve Deck in EHS for more details).

Volunteers will need to obtain an affiliate ID to register for EHS training. Directions for obtaining an affiliate ID can be found here: <https://www.umaryland.edu/onecard/>

**This form must be submitted along with the completed/signed Volunteer Consent Statement**



**School of Medicine (SOM) Volunteer Consent Statement**  
*(for volunteers over the age of 18)*

I (*print name here*): \_\_\_\_\_, understand and hereby agree and consent as follows: I have been offered the opportunity to volunteer at the University of Maryland School of Medicine (SOM), under the guidance and supervision of \_\_\_\_\_, who will serve as my Volunteer Sponsor, in the department/office of \_\_\_\_\_. I attest that **I am at least 18 years of age.**

I understand that as a volunteer, I am participating in activities for educational, or related purposes, without promise or expectation or receipt of compensation/wages for time spent as a volunteer. I acknowledge that I am not entitled to any paid position or given preferential consideration for a paid position with the University/SOM once volunteer activities have concluded.

I acknowledge and understand that SOM and its laboratories present a potentially hazardous environment in which I may encounter scientific instruments, chemicals, radioactive materials and biological agents. Even under ideal conditions, exposure to and use of these materials involves risk of personal injury and/or damage to personal property. Incorrect or unauthorized use of equipment and materials presents an even greater risk. I understand that I will receive necessary training on how to recognize potential hazards and how to reduce the risk of injury during my volunteer activities. I agree that it is my responsibility to notify my Volunteer Sponsor and potentially withdraw from volunteer activities if I find my training to be inadequate, if I am being asked to participate in activities for which I have not received training, or that I am not confident/comfortable carrying out in a safe manner.

I understand that this volunteer opportunity is a privilege, not a right, and that the University/SOM can revoke this privilege at any time, with or without cause. I agree that the University/SOM, the department in which I am assigned and my Volunteer Sponsor (or designee) has the right to exclude me from volunteer activities for any reason. I further understand that I may be removed from a laboratory, office or other worksite at any time on a temporary or permanent basis.

I grant my permission to UMB, the SOM, its physicians, faculty, staff, and agents to provide emergency care and treatment deemed necessary or advisable should I require emergency care while volunteering at the SOM. I understand that I will be responsible for the cost of any emergency care and treatment provided, as well as the cost of any care required subsequent to the emergency. I acknowledge that the University/SOM does not provide medical insurance for me and does not reimburse volunteers for any incurred medical expenses. This paragraph will not prohibit me from claiming costs of medical care under the State of Maryland programs that are established by law to protect volunteers against medical expenses arising from volunteering for the State. I agree that to obtain coverage of reimbursement for medical treatment received for any injury/exposure occurring as a result of my volunteer activities, I must complete and submit a "First Report of Injury/Volunteer" form to the Risk Management department (within Environmental Health and Safety) within three (3) days of the incident and follow all procedures for obtaining medical treatment as outlined on the Risk Management webpage.

I understand that the University and SOM are not responsible for the security of my personal property while I am engaged in volunteer activities. In consideration of the opportunity to volunteer with the SOM, I release and hold harmless the State of Maryland, the University of Maryland Baltimore, the SOM and the faculty, staff and agents of the University/SOM from any and all claims, liabilities, suits and damages relating to or arising from my volunteer experiences at the University/SOM, excluding only those claims allowed by applicable Maryland State statute(s) permitting claims against the State of Maryland (a) related to negligence of State personnel, or (b) seeking payment of medical costs resulting from volunteering for the State.

I attest that I have read and understand the SOM Volunteer Guidelines and that I have been provided with information regarding University/SOM policy and procedure guidelines that pertain to volunteers.

**The Volunteer and the Volunteer Sponsor must each sign this Agreement to acknowledge that he/she has reviewed both this Agreement and the SOM Volunteer Guidelines, and understands and accepts the responsibilities of the Volunteer or Volunteer Sponsor, respectively, regarding the proposed volunteer activities.**

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Volunteer signature	Date	Volunteer Sponsor signature	Date
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Reviewed and approved by SOM Dean's Office:

Dean's Office Signature	Date
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