

**Department of Medicine  
VOLUNTEER/TRAINEE/OBSERVER CHECKLIST**

**Employee Name:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

**Date Received:** MM/DD/YYYY      **Date Submitted to HR:** MM/DD/YYYY

**Reviewed by:** \_\_\_\_\_      **Ext:** 5-2830

**Drug Screening**       **Medical Surveillance**       **ID Letters**       **Entered on Volunteer List**

**The following documentation is required two (2) weeks prior to the Volunteer/Trainee/Observer assignment effective date to ensure timely processing:**

- Volunteer/Trainee/Observer Registration Form** (*Enclosed*)
- Volunteer/Trainee/Observer Parental Consent Form** (*Enclosed*): *Required for participants under 18 years of age*
- Current Resume**
- Proof of Health Insurance**
- Foreign Passport and I-94 Card** (*if applicable*)

**Upon completion, submit the packet to the Department of Medicine at PH 8W-862. An authorization letter for a temporary identification badge will be issued upon departmental approval of a complete packet.**

**All volunteers, trainees, and observers over the age of 18, are subject to a pre-assignment drug screening test. Be advised that approval of the Volunteer/Trainee/Observer assignment is contingent upon the passing of this screening. Our office will contact the division administration with further instruction upon receipt of a complete Volunteer/Trainee/Observer packet.**

If there are any questions or concerns, please contact the Department of Medicine Payroll Office at ext. 5-2830.

## **Columbia University Medical Center Campus**

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### **Guidelines for Volunteers, Trainees and Observers**

#### **Introduction:**

The research and educational programs at Columbia University Medical Center benefit from the presence of many individuals who are not faculty or staff or registered students at Columbia University, but who come to the academic health center to train, to learn, to teach. These are individuals who are not compensated by the University. The presence of these volunteers, trainees and observers promotes the mission of the institution. We have an obligation to ensure that their activities are conducted in a safe, professional and responsible manner.

Volunteers can be students from other institutions, including high schools, who are learning research techniques or working on their own projects, such as Intel Science Talent scholars, in University laboratories. They may participate in laboratory activities as part of an educational/mentoring program sponsored by their school or other educational organization in conjunction with the University. Volunteers donate any services they may provide to the institution, and may not perform work that is regularly performed by employees. The United States Department of Labor has ruled that an employer-employee relationship does not exist when volunteers do not expect compensation for their services and are working toward humanitarian objectives.

Trainees are persons who are learning new techniques from researchers or physicians at the University, and who may perform work as part of the training they are receiving. They may not bill patients or otherwise charge for these services. They may be foreign trained physicians studying for licensure exams, or foreign visitors collaborating on research procedures, but not having a visiting appointment at the University.

Observers are physicians or researchers, including technicians, from other countries, whose visa status does not permit them to be employed in the University, or in some case, from other states, who are not licensed to practice in New York. They may be studying clinical procedures or research techniques performed at the University, but may not perform any experiments or clinical activities.

In all cases, volunteers, trainees and observers may not perform work that would otherwise be performed by a University employee, and the donated services may not be considered compensable work. All volunteers, trainees and observers are subject to University policies and procedures, as well as applicable federal, state and local laws that may apply to their activities.

#### **Policy and Procedures:**

All volunteers, trainees and observers who have been invited to participate in programs and activities in laboratories and offices at the Columbia University Medical Center are required to register at the Human Resources Office. They must complete a Volunteer/Observer registration form, clearly stating the purpose for which they are at the University, the activities in which they will be engaged while at the University, and the anticipated length of their visit. The form must be signed by the visitor and countersigned by a DAF approver in the appropriate department. Human Resources will approve the form, so that the visitor individual can obtain a temporary identification card from Security. Volunteer/Trainee/Observer status is limited to one year.

It is the responsibility of sponsoring investigators, faculty physicians or dentists, and/or managers in the department, center or administrative unit to make sure that their volunteers, trainees and observers attend the appropriate Environmental Health and Safety and/or Radiation Safety training sessions. It is also their responsibility to make sure that their volunteers, trainees and observers are aware of basic institutional life safety policies and procedures that are applicable to regular employees. For volunteers working in laboratories the principal investigator is responsible for ensuring that the volunteer or student has read the Columbia University Laboratory Safety and Chemical Hygiene Plan.

Prior to undertaking laboratory activities, volunteers, trainees and observers must attend Laboratory Safety training and, if applicable, Formaldehyde/Xylene training and/or Bloodborne Pathogen training. (These sessions are provided by EH&S monthly; EH&S will attempt to provide ad hoc training in these areas if the waiting period until the next session would unduly compromise the students' ability to conduct their activities.)

The PI, or his/her designee, will provide task-specific training in handling hazardous materials:

Volunteers, trainees and observers with no prior experience cannot handle hazardous materials until they can demonstrate technical proficiency obtained through initial work with non-hazardous materials. (e.g., Use water to demonstrate and teach dilution techniques at the outset of activities.) A progression of work activities will be assigned as techniques are learned and proficiency developed.

For those with prior experience in handling hazardous materials, the PI or his/her designee will assess the level of competency and provide further training as needed if a progression of work activities is required.

Volunteers, trainees and observers cannot perform any spill clean-up activities other than those necessary for the immediate protection of themselves and others.

Volunteers, trainees and observers' involvement in the handling of hazardous waste is limited to placing the waste(s) in designated container; they cannot be involved with labeling, identification, or storage of the waste. Those are responsibilities of full-time, previously trained laboratory staff.

Contact Radiation Safety (5-0303) if volunteers, trainees or observers will use or be exposed to radioactive material or ionizing radiation.

Volunteers and trainees may not work with human subjects or patient records without the prior approval of the IRB. Volunteers and trainees may not work with research animals without the prior approval of the IACUC. The principal investigator is required to include the names, qualifications and activities of all volunteers, trainees and observers in his or her animal protocol form, along with a description of the activities that the volunteers, trainees and observers will perform on animals. Prior to undertaking such activities, volunteers, trainees and observers must attend the species-specific training courses, currently offered by the Institute of Comparative Medicine. In addition, they are subject to the Health Sciences Medical Surveillance Policies and Procedures. Observers may not work with human subjects or research animals. Volunteers and trainees who are present in patient care settings are subject to the Health Sciences Medical Surveillance Policies and Procedures and appropriate hospital protocols.

In the event of accident or emergency, the same procedures used for employees should be used for volunteers, trainees and observers. The individual should be treated at the Occupational Health Service, (or Emergency Room if OHS is not open), and an Accident Report Form should be completed and sent to University Risk Management.

Columbia University reserves the right to withdraw any visitor privileges and remove a volunteer, trainee or observer from the campus without prior notice.

#### **Special Provisions for Minor Students:**

Special provisions apply to minors, defined as individuals less than eighteen years of age, performing (as opposed to being present during a tour for strictly observational purposes) research-related activities in University laboratories.

- No one under the age of fourteen shall be allowed in any University laboratory.
- No one under the age of eighteen may handle radioactive materials.
- No one under the age of eighteen may work with animals.
- No one under the age of eighteen is allowed to be alone in a laboratory.
- No one under the age of eighteen can handle human blood, human cell lines, or any other material defined as "other potentially infectious materials" by OSHA (Bloodborne Pathogens Standard 29CFR 1910.1030).

Questions relating to this policy should be directed to the Office of Human Resources and/or the Office of Environmental Health and Safety.

**COLUMBIA UNIVERSITY HEALTH SCIENCES**  
**Office of Human Resources**  
**Volunteer/Trainee/Observer Registration Form**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Dept: \_\_\_\_\_

\_\_\_\_\_ Work Location: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

If student, indicate academic affiliation: \_\_\_\_\_

Name(s) and Department(s) of Any Family Members Employed at Columbia University:  
\_\_\_\_\_

Emergency Contact (optional):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No. \_\_\_\_\_

Check One:

\_\_\_\_\_ Under 14 Years of Age

\_\_\_\_\_ 14 to 18 Years of Age

\_\_\_\_\_ Over 18 Years of Age

Supervisor Name: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Supervisor Phone No. \_\_\_\_\_

Describe the Role and Activities to be Performed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Number of Hours Per Week: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_ (Not to Exceed One Year)

Duties may include, please check and complete all that apply:

Work with humans in a clinical/research setting: \_\_\_\_\_ hrs/week

Work with Class 3b or 4a Lasers

Potential Blood Borne Pathogen exposure (including human cell lines & HIV)

Exposure to formaldehyde/xylene (monitoring results exceeds PEL and/or STEL)

Known work with Infectious Agents (e.g. varicella, polio), please specify: \_\_\_\_\_

Exposure to ethylene oxide

Laboratory work with exposure to formaldehyde/xylene/phenol

Exposure to benzene or other OSHA regulated substances, please specify: \_\_\_\_\_

Medical Clearance to wear a respirator

Asbestos Surveillance

Other, please specify: \_\_\_\_\_

Medical Surveillance Required?  Yes  No

Pre-Employment Screening (Drug Testing) Required **ACCOUNT NUMBER#**

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

DAF Authorization: \_\_\_\_\_ Date \_\_\_\_\_

HR Authorization: \_\_\_\_\_ Date \_\_\_\_\_

**COLUMBIA UNIVERSITY HEALTH SCIENCES  
VOLUNTEERS/OBSERVERS  
PARENTAL CONSENT FORM**

**Required for participants under 18 years of age**

My child, \_\_\_\_\_ has my permission to participate as an Observer/volunteer in a biomedical research program at Columbia University Health Sciences under the supervision of \_\_\_\_\_.

I understand that depending on the kind of research being conducted, my child will be required to participate in environmental health and safety programs required for employees working in research. I understand that there may be risk of injury to my child and I agree that I will not hold the Trustees of Columbia University in the City of New York, and its officers, faculty, students, employees, and agents of these institutions responsible for any injury that my child may incur at Columbia University Health Sciences campus or while traveling to and from the campus.

My child is covered by the following health care plan:

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy/Membership Number

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Print the full name and address of a person who can be reached between the hours of 9:00 a.m. and 5:00 p.m. in case of emergency.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number