



**VOLUNTEER SERVICE
BACKGROUND SEARCH**

(For Use in Conducting Criminal Background Check)

PRINT NAME: Last		First	Middle Initial	Maiden Name
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	RACE	
DEPT CONTACT NAME	DEPARTMENT	DIVISION	PHONE	
ACCOUNT NUMBER	DURATION OF ASSIGNMENT		End Date	
BACKGROUND CHECK				
Have you ever pled guilty to a crime? Yes No Have you ever been convicted of a crime? Yes No Have you ever pled no contest or had adjudication withheld on any criminal charge? Yes No Do you have any criminal charges pending (excluding minor traffic violations)? Yes No If you answered yes to any of the above questions, please provide dates, places, details and dispositions of any convictions, pleas, sentences or pending issues: (Attach a separate sheet, if necessary.)				
Have you been a defendant in a civil action for intentional tort? Yes No If yes, explain the nature of the tort and the disposition of the action: (Attach a separate sheet, if necessary.) Tort means a wrongful act (e.g., assault, battery, fraud, or injury) for which a civil action can be brought.				
CITIES/STATE(S) RESIDED IN WITHIN THE LAST THREE YEARS				
CURRENT ADDRESS			HOME PHONE NUMBER	
PREVIOUS CITY/STATE/ZIP		PREVIOUS CITY/STATE/ZIP		
1.		2.		
PREVIOUS CITY/STATE/ZIP		PREVIOUS CITY/STATE/ZIP		
3.		4.		
I agree to conform to the rules and regulations of the University.				
SIGNATURE			DATE	
The department must submit this completed form to contact office AT LEAST TWO (2) WEEKS <u>PRIOR</u> TO START DATE.				

**NOTIFICATION TO APPLICANT THAT A CONSUMER REPORT MAY BE
OBTAINED BY THE UNIVERSITY**

In compliance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996 and applicable state law, this notice is to inform you that the University may obtain a consumer report or reports in connection with your application for volunteer services. "Consumer reports" include, but are not limited to, credit reports, criminal background checks, and Department of Motor Vehicles reports as appropriate for the position sought. In compliance with the above law, the University certifies the following:

- The University has disclosed to the applicant that a consumer report(s) may be obtained in connection with volunteer services, and the applicant's consent to obtain this consumer report has been obtained.
- The consumer report(s) will be used for no purpose except volunteer service purposes.
- If the University takes any adverse action against the above-named applicant based in whole or in part on information contained in the consumer report(s), the University will comply with all adverse action information requirements mandated by the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, and applicable state law.
- No information obtained from the consumer report(s) will be used in violation of any applicable federal or state laws or regulations.
- No medical information is sought in connection with this consumer report(s).

By signing below, I acknowledge that I have read and understand the above information regarding the University's option to obtain a consumer report on individual's applying to provide volunteer services.

Signature of Applicant

Date

Printed Name of Applicant

Social Security Number



VOLUNTEER SERVICE APPLICATION
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- Directions:
- Please complete pages, even if resume is attached
 - Type or print, using black ink
 - If you need additional space, attach a separate sheet
 - Sign the completed application

GENERAL

Name (Last) _____ (First) _____ (Middle) _____ Today's Date _____

Present Address (Street, City, State, Zip Code) _____

Day Phone with Area Code _____ Evening Phone with Area Code _____ U.S. Citizen or Permanent Resident? _____

Permanent Address if different from present address _____ Alternate Phone Number _____

Beeper Number _____ Cellular Number _____ E-Mail Address _____

Have you ever Volunteered for UM?	Indicate Dates of Volunteer Service	
	Department where you volunteered	
Yes No	Department Contact Name	

Name(s) and Department(s) of any family members employed at the University of Miami:

EMERGENCY

Emergency Contact Name _____ Relationship to You _____ Phone # _____

Physician's Name _____ Phone # _____

REFERENCES

Name	Relationship	E-Mail Address	Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EDUCATION AND TRAINING

Relevant Education (If student, indicate academic affiliation.) Relevant training skills, experience



**VOLUNTEER SERVICE
APPLICATION
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VOLUNTEER SERVICE INFORMATION

UM Department Division Dept. Contact Name Dept. Phone #

UM Department Address: Street Address Building/Room No. Zip Locator Code

Start Date End Date (not to exceed two years) Estimated Hours Per Week

Describe Roles and Activities as a Volunteer: BE VERY SPECIFIC; ATTACH ADDITIONAL SHEET IF NEEDED.

1. _____
2. _____
3. _____
4. _____

SIGNATURES

I certify that all statements in this application are true. I also agree that if I am accepted as a volunteer, I will abide by all regulations of the University of Miami.

Participant Signature Date

Parental signature required if volunteer under 18 years of age Date

Department Sponsor: Print Name and Title Signature Date

Department Chair/VP/Assoc. VP/Asst. VP/Asst. Dir. Signature Date

EH&S INFORMATION – to be completed by the department

Will any of the following be present during this voluntary service?	Yes		No		Will any of the following be present during this voluntary service?	Yes		No	
Bloodborne pathogens					Contact with patients				
Chemicals					Contact with human research participants				
Formaldehyde/Xylene					Laboratory animals				
Radioactive materials					Lasers				
Infectious agents					Other (specify)				

If you answered yes to any of the above, please complete the [EH&S Mandatory Training Checklist](#).

The department must submit this completed form to contact office
AT LEAST TWO (2) WEEKS PRIOR TO START DATE.



**VOLUNTEER SERVICE
AGREEMENT & RELEASE**
Page 1 of 2

We are pleased that you have decided to volunteer your services to the University of Miami, Department of _____ or _____ Hospital.

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to the University of Miami.

I, _____
(First name) (Middle initial) (Last name)
in consideration of being allowed to participate in the volunteer service of the University of Miami (the "University") do hereby agree that:

1. I understand and agree that my volunteer service will be from _____ to _____.
(Month/Day/Year) (Month/Day/Year)

At the end of such period, I understand that my volunteer service will cease and I will no longer be permitted access to University facilities.

2. I understand and agree that my volunteer service is in no way an offer of or employment by the University and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my volunteer service. I further agree to release the University from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of the University.

3. I understand that I will be volunteering at a major research university and I therefore agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that the University may terminate my volunteer service at any time, with or without cause.

4. I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University and to keep any University records or files, confidential. I also agree to keep any information about patients I may observe confidential and not to disclose, discuss or reveal any such information to anyone other than those involved in my volunteer service with me.

5. Depending on the length and nature of my volunteer service, I understand that I may be required to show proof that I have been tested for tuberculosis in the past twelve (12) months.

6. In the event that my volunteer services will be in a department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to, HIV, hepatitis or tuberculosis, I hereby agree to assume all risks and responsibilities associated with participation in such a volunteer service. Furthermore, I hereby agree to release, indemnify and hold

(continued)

**VOLUNTEER SERVICE
AGREEMENT & RELEASE
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harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin, may sustain or suffer as a result of or arising out of my contact with such airborne pathogens or infectious diseases, whether caused by the negligence of the University of Miami, persons acting on its behalf or otherwise.

7. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University of Miami persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon the University's facilities during my participation in the volunteer service.

8. I understand that as a university volunteer the University of Miami does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits as a result of my University volunteer affiliation.

9. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Florida.

10. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

Print Name

Participant Signature

Date

Provide one copy of this agreement to the university volunteer.
Retain this agreement for seven years from the end of service.



**VOLUNTEER SERVICE
PARENTAL CONSENT**

Required for participants under 18 years of age

By signing below, I _____, hereby attest to the following:

1. I am the legal guardian of _____, who is under eighteen years of age, and has my permission to participate as a volunteer from _____ to _____ at the Department of _____ at the University of Miami, according to the duties described in her/her Volunteer Service Application which I have read and signed.

2. In consideration of allowing him/her to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which he/she, I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University of Miami persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that he/she inflicts upon any person or upon the University's facilities during his/her participation in the volunteer service.

3. I understand that as a university volunteer the University of Miami does not provide him/her with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by him/her and me. Further, I understand that he/she is neither covered by Workmen's Compensation nor entitled to employee benefits as a result of his/her university volunteer affiliation.

4. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord.

Print Name

Signature of Legal Guardian

Date

Print the full name and address of a person who can be reached between the hours of 8:30 a.m. and 5:00 p.m. in case of emergency.

Print Name

Relationship

Address

Phone Number

Provide one copy of this agreement to the university volunteer.
Retain this agreement for seven years from end of service.