

Information Needed For Volunteering/Internship

Dear Faculty Member and Prospective Volunteer or Intern:

Thank you for letting us know about the potential new volunteer or intern joining our department. We will need the following information.

1.	Volunteer's First Name: _____ Last Name: _____ UFID: _____ UF email address: _____ <i>If no UF email, what is the volunteers' personal email?</i>
2.	Requested start date: _____ Requested end date (must be within 365 days): _____
3.	Course(s) requiring volunteer hours: _____
4.	Mentor (must be faculty): _____ Additional Supervisor: _____
5.	Has this person volunteered in Aging and Geriatric Research previously Yes No Most recent volunteer start date: _____ Most recent volunteer end date: _____
6.	What is the volunteer's type? <input type="checkbox"/> UF Undergraduate Student (list College and Course # _____) <input type="checkbox"/> UF Graduate Student (list College and Course # _____) <input type="checkbox"/> COM Medical Student <input type="checkbox"/> Visiting Scholar - <i>Please contact your Division Manager for processing information</i> <input type="checkbox"/> Faculty/Post Doc/Staff/Employee from another UF department* (please indicate _____) <input type="checkbox"/> High School Student <input type="checkbox"/> Other (please describe _____)
7.	What will be the volunteer's schedule: _____
8.	What will be the location/s of activities <input type="checkbox"/> CTRB <input type="checkbox"/> HPC <input type="checkbox"/> BOA <input type="checkbox"/> MBI <input type="checkbox"/> VA <input type="checkbox"/> Other
9.	* Faculty/PostDoc/Staff/Employee paid with study funds: <input type="checkbox"/> NO <input type="checkbox"/> YES, STOP & Process as UF Employee Researcher
10.	Check all activities the volunteer will be involved in: <input type="checkbox"/> Animal contact / observation for research purposes <input type="checkbox"/> Collection of study data and other research materials <input type="checkbox"/> Assist with cognitive testing for research purposes <input type="checkbox"/> Develop scientific presentations, posters, and papers <input type="checkbox"/> Assist with data entry for research <input type="checkbox"/> Participant contact / observation for research purposes <input type="checkbox"/> Assist with maintaining and updating reference manager database <input type="checkbox"/> Participate in laboratory meetings for research purposes <input type="checkbox"/> Assist with processing lab specimens for research <input type="checkbox"/> Participate in manuscript preparation <input type="checkbox"/> <input type="checkbox"/> Review medical and other research literature
11.	Will the volunteer participate in activities related to any IRB approved protocols? <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Will the volunteer need access to information in the Public folder on the Aging Share Drive? <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	What is the Volunteer Purpose (briefly describe):
14.	Comments (List study # and names):

Please email this information to aging-volunteers@ad.ufl.edu and note that you may not begin the volunteering until you have been informed by a member of the Aging Volunteers team that you have been approved as a volunteer.

Thank you,
The Volunteers Team