



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.**
- 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**
- 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	