



CHECKLIST FOR VOLUNTEER/OBSERVATION PARTICIPANT

This checklist is to be used for the processing and onboarding of individuals who will be at Saint Louis University to volunteer, observe or participate in school related internships/externships. These processes do not apply to current SLU students, voluntary faculty or volunteers who have been screened and/or credentialed by another university/school or health care entity.

For all participants the following documents are required (which are included in this file):

1. Volunteer/Observation Participant Consent and Liability Release (Page 1)
 - a. This form must be signed by the participant; if the participant is under age 18, the form must be signed by a parent or guardian;
 - b. The sponsoring faculty/staff member must also sign the form (Page 2)
 - c. If the participant has a disability and needs assistance, the participant will need to consult with their designated supervisor should any accommodations need to be arranged.
2. A copy of a government issued identification photo card. Acceptable examples include:
 - a. Driver's license
 - b. Passport
 - c. Visa
 - d. Government ID (non-driver's license)
 - e. Minors under 18 may provide a copy of their school ID
3. Confidentiality & Security Agreement (Page 3) - Participants who have access to confidential University and/or protected health information must also sign and submit the Confidentiality & Security Agreement.

For participants with unsupervised contact with students and/or patients, and/or those with access to confidential and/or financial information and/or assets, **a background check and/or health screening is required.**

- a. Participants will receive an email to the provided email address on the Volunteer/Observer Participant Consent and Liability Release form to initiate a background check via a secure online portal. When the participant receives the email, he/she will be required to fill out some personal information and submit. HR will contact the supervisor/candidate regarding clearance.
- b. Even if the individual is a Non-SLU student, they still need to follow the process for Human Resources background checks to participate as a volunteer, observer, or intern/extern (not the link for student background checks).
- c. Participants with patient or animal contact, or conducting laboratory work, will be contacted by Employee Health in order to schedule and complete a health screening. Employee Health is located at 3655 Vista Ave., West Pavillion Suite 116, Saint Louis, MO, 63110.

For questions regarding the volunteer/observer onboarding process, please contact Margo Riley, in Human Resources at mriley19@slu.edu (314) 977-5079 or the department HR Consultant.

(Fax completed form with signatures to Human Resources attn: Margo Riley at 314-977-1785)

**VOLUNTEER/OBSERVATION PARTICIPANT
CONSENT AND LIABILITY RELEASE**

To be completed by the Department/Division:

Department: _____ Department Code: _____

Name of SLU sponsoring faculty/staff: (Sponsor also needs to sign the consent on page 3)

Designated Supervisor: _____ Contact Number: _____

Campus location(s) where volunteering/observation will take place: _____

Address and/or building name(s): _____ Room number(s): _____

Start Date: ____/____/____ End Date: ____/____/____ # Hours/Week: ____

Reason for Request: Volunteering Internship/Externship Observation

Will the participant be supervised on a regular basis? Yes No

Will the participant have direct contact with patients? Yes No

Please list the primary duties of the participant (Attach additional page if necessary):

Background check required? Yes No

Health Screening Required? Yes No

Participating Individual (hereinafter referred to as "Participant"):

Last Name: _____ First Name: _____ Middle Initial _____

Gender: M / F Social Security _____ B_ Date of Birth: ____/____/____

Street Address: _____ City: _____ State: _____ ZIP: _____ B

Country _____ (Mail: _____ Phone: _____)

Emergency Contact: _____ (Emergency: _____ Relationship: _____)

Are you an individual with a disability? Yes No

(If yes, please consult with your designated supervisor if accommodations need to be arranged.)

Participants will receive an email to the provided email address on the Volunteer/Observer Participant Consent and Liability Release form to initiate a background check via a secure online portal. When the participant receives the email, he/she will be required to fill out some personal information and submit. HR will contact the supervisor/candidate regarding clearance.

Volunteering and/or observing at Saint Louis University may, even under ideal conditions, including the proper use of materials and adherence to safety procedures, pose a risk of personal injury. I understand that as a Participant, I may be removed from the project on a temporary or permanent basis if I refuse or am unable to follow safety rules, wear assigned personal protective equipment, or perform activities as directed.

Prior to participation, I agree to notify the above named faculty member/researcher or supervisor of any allergies or other physical, mental, or emotional condition that might limit my ability to safely participate in activities at the University.

I, the Participant, fully recognize that my presence as an OBSERVER OR VOLUNTEER in the Department is voluntary, and that I grant permission to do so, despite the possible dangers and risks, specific and unforeseen, and despite this Release.

I, the Participant, understand that neither the University, the Department, _____ (supervisor), nor myself shall earn or receive any compensation in connection with my OBSERVING/VOLUNTEERING activities conducted by the Department. I understand that I am solely an OBSERVER OR VOLUNTEER of the activities conducted in the Department, and am not an instructor, employee, or agent of Saint Louis University. I have no expectation of future employment from Saint Louis University.

I, the Participant, therefore agree, in consideration of my opportunity to OBSERVE/VOLUNTEER the activities conducted in the Department, and any other assistance provided to the Participant by Saint Louis University, I agree to indemnify, release, defend, and hold harmless the Board of Trustees of Saint Louis University, Saint Louis University, its administration, faculty, staff and agents from any and all liability, claims and actions that may arise from injury or harm to the Participant, from the Participant's death, or damage to the Participant's property while on Saint Louis University premises, excepting only claims, suits, and damages arising out of the sole negligence of the University. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act by Saint Louis University, its governing board, employees, agents and students, including but not limited to negligence, mistake or, failure to supervise by Saint Louis University, its governing board, employees, agents and students. I understand that this Release means I am giving up, including but not limited to, rights to sue Saint Louis University, its governing board, employees, agents and students for injuries, damages or losses the Participant may incur. I also understand that this Release binds me, my heirs, executors, administrators, and assigns. I have read this entire Release and I fully understand it and agree to be legally bound by it.

Signature of Participant: _____ Date: _____
(Mo/Day/Yr)

Signature of Sponsoring Faculty/Staff: _____ Date: _____
(Mo/Day/Yr)

Consent of Parent/Guardian for Minors

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, the Participant named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

I give permission to Saint Louis University, its physicians, faculty and staff members, agents, and services to provide such emergency care and treatment to the Participant as in their judgment may be deemed necessary or may be advisable in the event that the minor should require emergency care while participating in the project at SLU. I agree to assume the costs of such emergency care and treatment if any such costs are incurred.

Signature of Parent/Guardian: _____ Date: _____
(Mo/Day/Yr)

Parent/Guardian's Printed Name: _____

Minor Participant Agreement

I, the undersigned minor Participant, agree to follow the safety rules and procedures reviewed with me by my Sponsoring Faculty Member/Researcher, the Designated Supervisor and any other Saint Louis University faculty or staff member. I agree to wear at all times necessary the personnel protective equipment prescribed for me by any of these individuals as required for my safety. I will not engage in any rough, boisterous, or rowdy play ("horseplay") at any time during my visit. I will be attentive to all instruction from my sponsoring Faculty Member/Researcher and the Designated Supervisor.

Signature of Minor Participant: _____ Date: _____
(Mo/Day/Yr)

Printed Name of Minor Participant: _____

CONFIDENTIALITY & SECURITY AGREEMENT

I understand that in association with Saint Louis University (the "University" or "SLUCare") as a workforce member, volunteer, student, or contractor, I have a legal and ethical responsibility to safeguard the privacy and confidentiality of University information.

The nature of my position may require that I have access to forms of "CONFIDENTIAL" information. This information may be Protected Health Information (PHI), including a patient's medical record or other patient account information. When it is necessary to discuss confidential information in the course of my work the discussion will be held in an appropriate place and manner. My compliance with University policies of HIPAA Privacy and Security is required.

If the nature of my position requires access to student education records, I am obligated to follow the Family Educational Rights and Privacy Act ("FERPA"), which affords students with certain rights to their education records, including the right to restrict the release of personally identifiable information except to the extent that FERPA permits disclosure without consent.

The nature of my position may require access to salary and personal information for University employees. Salary and personal information is to be treated as "CONFIDENTIAL" and may never be discussed with individuals who do not have a valid need or right to know.

I agree to treat any and all "CONFIDENTIAL" information that I may come into contact with in the course of my University activities with strict confidentiality and will follow University policies and procedures for safeguarding information. Specifically:

I will access, use, and disclose confidential information only when necessary to perform my job related duties.

I will always maintain appropriate safeguards when using confidential information, taking measures to ensure privacy during discussions of such information and protect against viewing by unauthorized personnel.

I will not disclose, copy, alter, or destroy any confidential information except when properly authorized.

I will address destruction of unneeded paper forms of confidential information in accordance with University policy using approved methods for disposal such as shredding.

I will follow appropriate policies for release or transmission of information ensuring privacy and security.

I will only access or use systems or devices, which I am authorized to access.

I will maintain confidentiality of my user account IDs and passwords. I will not share access to my account or disclose IDs and passwords to others.

I will use appropriate workstation security practices to ensure others cannot use my account. I will log out or place my account in a secure or locked status whenever leaving my workstation.

I will act in the best interest of Saint Louis University and comply with policies and procedures during my relationship

with the University. I understand that my obligation of confidentiality will continue after employment, contract, or relationship ceases with the University.

I understand that the University may log, access, review, and otherwise utilize information stored on or passing through its systems, including email, in order to manage system security.

I am responsible for reporting any actual or suspected violations of confidentiality including but not limited to, compromised passwords, unauthorized access, privacy breaches, or other activities not in accordance with University or SLUCare policy. Reports can be made to my supervisor, manager, University privacy or security officers, or anonymously through the University hotline at 877-525-5669. Reporters are protected from retaliation.

I will not disclose or discuss confidential information with others who do not have a need to know, including friends or family.

I will not access my own personal records, records of family members, or any other person if not an assigned or job-related duty.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges.

I acknowledge that I have read this Agreement and will comply with all of the terms and conditions stated.

PRINT Employee/Contractor/Volunteer/Student

Business Name (if not Saint Louis University)

Signature Employee/Contractor/Volunteer/Student

SLU Net ID

Date