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| **Part 1 of 5 – Volunteer Agreement**Part 1: To be completed by the Volunteer(Definition of Volunteer: An individual, uncompensated by WCMC-Q, who performs services directly related to the business of the college, to support the activities of the college, or to gain experience in specific endeavors.)  |
| Name (Family/Last, First, Middle Initial): | Date of Birth: | Nationality: | Country of Residence: |
| Mailing Address: | Email Address: | Mobile/Home No: | If resident in Qatar, QID No: |
| ***For non-residents of Qatar:*** I have health/travel insurance, including provision for emergency medical and security evacuation YES [ ] NO [ ]  | *Proof to be provided to Host and a copy maintained in file.* |
| Your Institutional Affiliation: |
| **Are you a** **(non-WCMC-Q) Student?** YES [ ] NO [ ]**What is the name of your academic institutional affiliation?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Name of school/university)*Indicate the degree you are working towards:UndergraduateMasterDoctorateIs this research experience part of a formal program? YES [ ] NO [ ]If YES, please provide program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **If you are not a Student, what is your status?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Job Title, Academic Rank, or Other Status)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Name & Address of Employer or other affiliation)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If employed, do you have permission from your employer to participate in this volunteer service? YES [ ] NO [ ](Note: Please append evidence of your employer’s permission to your application.) |
| **Purpose of Volunteer Experience:** |
| **Request for Period of Experience at WCMC-Q:** |
| WCMC-Q Host/Supervisor: | From:  | To: |
| **Emergency Contact Information** *(Person to be contacted in case of emergency)* |
| Name: | Relationship: | Home or Mobile No: |
| Address: |

Volunteer Request And Release Form

To be completed by all Volunteers:

Dear Volunteer:

We are pleased that you have agreed to provide your services to Weill Cornell Medical College in Qatar (WCMC-Q). Before you can commence any volunteer activities, you must acknowledge the mandatory terms and conditions concerning your volunteer services as follows:

1. Rules Governing activities of Volunteer:

1. You agree that your participation is entirely voluntary.
2. Cornell University agrees to provide you with third party liability insurance to protect you from any claims filed against you related to the duties described in Parts 2-3 of this Form. In exchange, you on behalf of yourself, your agents, your heirs, representatives, executors or administrators, hereby release, indemnify and hold harmless Cornell University, WCMC, WCMC-Q, its officers, agents and employees from any and all liability, damages, claims of any nature whatsoever arising out of or in any way related to your Volunteer duties. Cornell University bears no responsibility in case of an accident or health problem which you may encounter as a result of activities carried out in connection with your volunteer activity or otherwise.
3. **You understand that WCMC-Q does not provide any Health, Accident or Medical Insurance or emergency medical or security evacuation and that you are required to provide your own Heath, Accident and Medical Insurance to include medical and security evacuation.** You hereby agree that you are financially responsible for all such expenses. You are not covered by **any** WCMC-Q employee benefit plans or Worker’s Compensation.
4. You understand that all volunteers are subject to Cornell University, WCMC and WCMC-Q rules and policies as well as any applicable laws and regulations. In the event of a violation of any of these, or for any behavior that is considered to be detrimental to its students, patients, or any personnel, WCMC-Q, in its sole discretion, retains the right to immediately dismiss you as a Volunteer without prior notice. You do not have a formal appointment to any WCMC-Q division. You agree to undergo additional training in areas such as HIPAA and/or ethical compliance, if required by WCMC-Q.
5. The duties outlined by the Division Head or Associate Dean in which you will be performing volunteer activities shall be a part of this Release.

2. Disclosure of Risks and Safety Requirements

Working in a laboratory or in a medical environment may involve significant risks. These risks include the possibility of exposure to toxic chemicals, radioactive materials or radiation, infectious agents, including but not limited to, human blood or other bodily fluids which contain HIV, the virus which causes AIDS. The nature of research also involves study of unknown or poorly understood conditions and unanticipated risks.

In order to ensure that working conditions are as safe as possible for you and others working, studying or visiting at WCMC-Q, we require that you receive instruction from Environmental Health and Safety personnel before you begin work. It is your responsibility to schedule this instruction before beginning any work. As long as you work at WCMC-Q, you are required to strictly adhere to all safety regulations.

WCMC-Q will not be responsible for any injury or exposure to toxic, hazardous or infectious materials that you may sustain while working here. If you are injured or exposed to dangerous materials while working at WCMC-Q you will be offered emergency medical care that is available to all visitors to Qatar but you will receive no compensation for your injuries and will be responsible for all medical care costs.

1. Acceptance of Volunteer Terms and Conditions

Please indicate your awareness and acceptance of these terms and conditions by completing and signing this Form and returning it to your WCMC-Q Division host or supervisor before beginning any volunteer duties.

1. Identification Documents

I attach:

1. A copy of my passport photo page.
2. If a resident of Qatar, a copy of my Qatar ID card.
3. If a non-resident of Qatar, evidence of my health/travel insurance, which includes provision for emergency medical and security evacuation.

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| Volunteer’s Name: (please print) |
| Volunteer’s Signature: | Date: |
| **If the volunteer is under 21 years of age,** **this document must be co-signed by a parent or legal guardian.** |
| Name, Address & Phone Number of Parent or Legal Guardian *(please print):* |
| Signature of Parent or Legal Guardian: | Date: |

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| **Part 2 of 5 - VOLUNTEER REQUEST FORM**To be completed by Volunteer’s Host/Supervisor and Division Head or Assistant/Associate Dean |
| Volunteer’s Name: | Work Location: |
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| When are the expected times that the Volunteer will undertake their service at WCMC-Q? |
| *Sunday* | *Monday* | *Tuesday* | *Wednesday* | *Thursday* |
|  |  |  |  |  |
| Please describe the duties to be undertaken by the Volunteer while under your supervision; append a “Description of Volunteer Duties” document, if appropriate. (Note: only the duties listed will be covered by WCMC-Q’s third party liability insurance)  |
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| Check off all activities to be performed by the volunteer. Part 3 to be completed if activity is asterisked, Provide detailed description for each activity the Volunteer is expected to perform. |
| ☐ Clerical | ☐ Medical Record Research \* |
| ☐ Computer Data Entry | ☐ Patient Contact – In person \* |
| ☐ Data Compilation & Analyses | ☐ Patient Contact – Over the phone |
| ☐ Writing, Editing | ☐ Conducting laboratory work \* |
| ☐ Library Research | ☐ Conducting laboratory work with animals\* |
| ☐ Record Research | ☐ Access to confidential information \* |
| ☐ Attendance at meeting | ☐ Observing patient care \* |
| ☐ Observing laboratory work |  |
| Check off WCMC-Q services requested for the Volunteer: | Indicate required levels of access, which desk/lab bench to be assigned, etc. |
| ☐ Proximity ID Card |  |
| ☐ Temporary WCMC-Q Email Address |  |
| ☐ Assigned desk/office/lab space |  |
| ☐ Immigration Business Visa |  |
| ☐ Remote access to DeLib  |  |
| ☐ Stipend to be paid *(Discuss with Finance)* |  |
| WCMC-Q employee/ faculty member hosting/supervising Volunteer: | Signature: | Print Name: | Date: |
| Division: | Tel No: |
| Division Head/ Asst/Associate Dean | Signature: | Print Name: | Date: |

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| **Part 3 of 5 – VOLUNTEER REQUEST FORM**To be completed by Host/Supervisor if Volunteer is not a US CitizenFor Volunteers who are citizens of countries other than the USA, this portion of the form must be completed and submitted with any request to host a foreign national Volunteer at WCMC-Q. Your answers to these questions will help determine whether any aspect of the proposed visit will be subject to export control regulations. For questions or assistance in completing this part of the form, please contact the Director, Business Planning & Contracts. |
|  | **Unknown** | **Yes** | **No** |
| 1. Will the activities performed involve working with items/articles, software or technology listed on the EAR/Commerce Control List of the ITAR/U.S. Munitions List (see <http://www.pmddtc.state.gov/regulations_laws/itar.html>  |  |  |  |
| 2. Will the activities performed involve work with any embargoed or sanctioned country such as Iran, Cuba, North Sudan, Syria, North Korea, etc.? Please contact Director, Business Planning & Contracts for a complete list. |  |  |  |
| 3. Will the activities performed include working on a contract with any of the following: |  |  |  |
|  a. Restrictions on publication (including reporting of the research results) or presentations at conferences; |  |  |  |
|  b. Restrictions on the participation of foreign nationals; or Export control clause references to ITAR/EAR? |  |  |  |
|  c. Will the activities performed involve the “use” of or access to encryption software? |  |  |  |
|  d. Will the activities performed be related to the spread or increase of nuclear, chemical, or biological weapons or missile technology? |  |  |  |
| 4. Will the Volunteer’s institution receive any benefits (i.e. financial, etc.) from WCMC-Q? |  |  |  |

I have knowledge of the nature of the proposed visit and the answers I have provided are true and correct to the best of my knowledge and belief.

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| WCMC-Q employee supervising Volunteer | Print Name: | Signature: | Date: |

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| **Part 4 of 5 – VOLUNTEER REQUEST FORM:** **Detailed Description of Activities**To be completed by Host or Supervisor |
| Volunteer’s Name: | Work Location: |
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| Please provide a detailed description for each activity the Volunteer is expected to perform (append additional sheet(s), if necessary): |
| \* Medical Record Research |
| \* Patient Contact – In Person |
| \* Conducting Laboratory Work |
| \* Conducting Laboratory Work with Animals |
| \* Accessing Confidential Information (e.g., employee records, medical records, financial information, etc.)  |
| \* Observing Patient Care |
| WCMC-Q host/ supervisor: | Print Name: | Signature: | Date: |
|  |  |  |
| Division: |  | Tel No: |  |

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| **Part 5 of 5 – VOLUNTEER REQUEST FORM: Approval** |

A. Restricted Party Screening

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| Date Screening was performed: |  | Result:If “unknown” or “yes” provide an explanation |  |
| Name of Screener: |  | Title: |  |
| Signature: |  | Date: |  |
| If secondary screening is required, an additional export control review of the proposed Visitor is required because: |  |
| If secondary screening required, date screening was performed: |  | Result:If “unknown” or “yes” provide an explanation |  |
| Name of Secondary Screener (if applicable):  |  | Title: |  |
| Signature: |  | Date: |  |
| Reviewed By:  |  | Date: |  |
| Title: |  | Result: |  |

B. WCMC-Q APPROVAL – DIRECTOR, HUMAN RESOURCES OR DESIGNEE

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| --- | --- | --- | --- |
| Visitor Approved by WCMC-Q:☐ Yes ☐ No | Print Name: | Signature: | Date: |

On approval, HR will circulate the form to those divisions

providing services for the Volunteer, as well as to the Division Host/Supervisor.

For post-approval use by:

|  |  |
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| Dean’s Office | [ ] HIPAA Training Required[ ] Confidentiality Agreement Required[ ] EAR |
| D*e*Lib |  |
| EHS |  |
| FM |  |
| Finance |  |
| HR |  |
| ITS |  |
| Research |  |

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| **Part 4a – VOLUNTEER REQUEST FORM:** **Request for Approval of Extension of Service** |
| Extend Service Date to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Requested by:Signature: Print Name (Host/ Supervisor): | Approved by HR:☐ Yes ☐ No | Signature: Print Name: |
| Extend Service Date to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Requested by:Signature: Print Name (Host/ Supervisor): | Approved by HR:☐ Yes ☐ No | Signature: Print Name: |