



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 (this also includes virtual/remote volunteers).
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) PERSONAL EMAIL:

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.\*\*

Detailed 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

Table with 3 columns: Signature, Title, Date. Row 1: Vice Dean for Research