

Memorandum of Understanding for Supervisors of Laboratory Volunteers

Supervisor Information

Name	
Contact Phone	
Contact E-Mail Address	
Department / Event	
Name Of Volunteer	
Services Performed	
Date(s) of Service	From: _____ To: _____

It is Understood that...

- I shall exercise the same degree of supervisory care and responsibility for the above named volunteer as I am expected to do for employees under my supervision according to Wright Way Policy 6001.
- I shall regard the above named volunteer as an employee according to Wright Way Policy 6001 while he/she is engaged in assigned volunteer activities, roles, and responsibilities.
- I shall include the name of the above named volunteer to any and all applicable biological, radioactive, animal use, or human use protocols.
- I shall ensure that the above named volunteer receives training that is sufficient, proper, and documented for all applicable environmental health and safety and standard operating procedures.
- I have discussed volunteer activities with an Environmental Health and Safety representative and identified all required health and safety training.
- I have read and understand this MOU and I sign this document of my own accord.
- I shall ensure that a copy of this MOU will be retained by me and/or the department or program I am affiliated with for a period of no less than three (3) years from the date of separation of the volunteer from volunteer services under my supervision.
- I shall provide a copy of this completed form to the department of Environmental Health & Safety.

Signature

By signing this MOU, I agree that use of volunteer laboratory services in my laboratory is based on full compliance with conditions set forth here and in Wright Way Policy 6001. I affirm that the facts set forth here are true and complete to the best of my knowledge and I understand that any false statements, omissions, or other misrepresentations made by me on this MOU may result in disciplinary action as permitted by university policy and procedures.

Name (printed)	
Signature of Supervisor	
Date	

Name (printed)	
Signature of Chairperson	
Date	