

MEMORANDUM FOR APPOINTMENT OF VOLUNTARY WORK IN LABORATORIES

To:
From:
Subject: Voluntary Work in Labs for George Mason University
Date:

Thank you for volunteering to work at Mason's office/department of: _____
The purpose of this memorandum is to explain certain procedures and the scope of your work

You have agreed to work _____ hours and _____ days. Start Date: _____ End Date: _____
(End date cannot be more than one year from start date. Form should be completed annually for lengthy volunteer appointments.)

Your title will be: _____
A short summary of your tasks which also describes
how the work benefits the University's mission:

Duty #1:

Duty #2:

Duty #3:

Your supervisor(s) name will be: _____ Supervisors Position: _____

All of your volunteer activities will be in their name. Please keep them informed of you activities and any anticipated need to expend or commit Mason resources. Please specify if the volunteer is authorized to make financial commitments. _____

There is a risk of exposure to hazards that you assume when you enter a laboratory. Hazards that may be present in the laboratory include but are not limited to toxics, flammables, corrosives (acids and bases), oxidizers, other chemicals, biological materials, viruses, bacteria, radioactive materials, allergens such as animal dandruff, sharp objects, extreme temperatures, and ultraviolet light. You will acquaint yourself with and conduct your activities in accordance with all safety rules and safe operational procedures. If you are not familiar with or you do not know how to safely handle a substance or piece of equipment, you will seek assistance from qualified George Mason University personnel. You recognize that you may be subjected to potential risks in the laboratory. You have made your own investigation of these risks, understand these risks and assume them knowingly and willingly.

While carrying out Mason duties in your volunteer capacity, you will be an agent of the Commonwealth, and as such, liability claims for simple negligence will be covered under the State's Risk Management Plan. This coverage does not include the willful disregard of safety or illegal acts. Further, if you are injured within the scope of your volunteer duties, Mason carries insurance that will pay up to \$10,000 for medical bills. Your personal property and your vehicle are not covered under the State Plan. If you have any insurance questions, please contact the Office of Risk Management at 703-993-2599.

Additional forms needed: A completed and signed copy of the [Commonwealth's Alcohol & Drug Policy](#), review the [Data Stewardship Policy](#), complete and sign a Confidentiality Statement, and the [Banner Administrative Systems Account Access Request form](#) if applicable.

Volunteer appointments may be terminated at anytime. Supervisors should maintain a signed copy of this document for five years following the end of the volunteer activities. A copy should be also be provided to Human Resources and the Office of Risk Management. Additionally, a copy should accompany the completed Banner Access Request form when submitted to Fiscal Services, if applicable.

I knowingly accept the risks described above and acknowledge that I understand all the risks and responsibilities surrounding my use of and access to George Mason University laboratories and knowingly and voluntarily assume them.

Signature of Volunteer

Date

Signature of Parent or Guardian (if volunteer in under 18)

Date

Signature of Chair/Dean/Department Head

Date

Signature of Environmental Health and Safety Representative

Date

Attachments (as appropriate)