



SECTION I Department Administrators and/or Department Chairs must submit this form when requesting a volunteer. Enter Account number to cover costs associated with background check.

Appointment change for current volunteer - Please provide ID # and only complete the section(s) below to be modified:

SECTION II First Name:

Last Name:

Degree:

Date of Birth:

U.S. Citizen? Yes No

Address:

If 'No,' Country of Citizenship:

Affiliation Agreement in Place?

No

Yes, please list affiliate:

Volunteer ID Card #:

(provided by ID Office)

Email Address:

SECTION III

Department:

Supervisor:

Supervisor Ext:

Title/type of Volunteer:

Division:

Term of Voluntary Appointment: 3 months 6 months 9 months 12 months

Expected Start: End Date: Location: Onsite Bldg. Rm/FI:

Offsite Phone #:

Description

of Duties:

Please check all that apply:

Access Level:

Will seek read-only EMR access

Will have access to patients

May have incidental access to patients

No access to patients / health information

Will need access to DCM facilities

Will need access to email

Study Involves:

Access to Research Data

Human Research

Animal Research

Biohazard Materials Other

If Other, please specify:

Request Completed By:

Date:

SECTION IV - FOR INTERNAL USE

Office of Research Administration:

Date of Completion

N/A

Visual Compliance Screening - SPA

Background Check

IRB CITI Training

IACUC CITI Training

Export Control, Review of Policies

Responsible Conduct of Research, CITI Training

Environmental Health & Safety:

Lab Safety Training

Fire/Hazard Training

Office of Compliance and Audit Services

HIPAA Training

False Claims Act

Research Misconduct

IT Department

Access to read-only EMR

Net ID & Security Access Training

Access to an email account

Approvals:

ORA

Background Check

IRB

IACUC

Signature of Compliance and Audit Services (OCAS)

Signature of Environmental Health & Safety

Signature of IT

ID Approved:

Yes

No

SVPR Approval

Onboarding Research Volunteers

EXHIBIT A

Intellectual Property Assignment / Attestation

I have read The State University of New York's Patents, Inventions and Copyright Policy ("SUNY Policy") and RFSUNY's Intellectual Property Policy ("RF Policy"). I agree to abide by the SUNY Policy and the RF Policy, and by any additional terms and conditions imposed by any sponsor of any project that I may become involved with during my voluntary appointment. I will promptly disclose to RFSUNY any Intellectual Property (as defined in the SUNY Policy) subject to the SUNY Policy or sponsor requirements. I will cooperate with RFSUNY, the sponsor, and the State University of New York, and execute any such documents as may be necessary to protect the subject Intellectual Property. I understand that the prompt disclosure of Intellectual Property is required to enable its protection before U.S. or foreign statutory bars and to establish the government's rights, where applicable. I hereby assign to RFSUNY all rights in Intellectual Property subject to the SUNY Policy, and will execute any documents required to effectuate such assignment to or as directed by RFSUNY.

Volunteers Signature:

Date: