## Wolunteer-Mentor Research Experience Form "Biomedical Science @WcfUrcf]Yg

I, (Mentor Name)	, in the Department of				
agree to serve as a research mentor for (volunteer's name)					The
volunteer is from (home institution	name)				
The age of the volunteer is* This mentoring relationship will begin					(specific start
date) and end	(specific end date within a year of the start date).				
The research will be conducted at research will be performed).	(building and laboratory where majority of				
Volunteer Information:					
Personal e-mail address	Date of Birth			of Birth	
Home Address	e, Zip)				
REQUIRED TRAINING: HIPAA General Bios  PROJECT SPECIFIC TRAINING: The OUHSC research mentor mustudent working in their laboratory is	st determine	which training is	appropriate for th	ne project and e	ensure the
Bloodborne Pathogens	•				
Radiation	Safety	DOT Ship	ping		
I agree to oversee this volunteer's a volunteer receives project specific to not start research activities until all	raining to safe	ely perform resea	arch activities. I a		
Student's Signature			_ Date _		
Mentor's Signature			_ Date _		
Department Signature			_ Date _		
Student must return the completed	form to the hi	ring department.			

\*If volunteer is under the age of 18, please see the University's Minors on Campus Guidelines and Forms. As noted in the policy, the mentor and any other University employee or student that will supervise the minor volunteer must pass a background check. Please submit all executed forms to Enterprise Risk Management, 865 Research Parkway, Suite 520, Oklahoma City, OK 73104.