



Department of Chemistry and Biochemistry

_____ **Initial Volunteer Application**

_____ **Renewal Volunteer Application**

**VOLUNTEER PARTICIPATION AGREEMENT
AND ACKNOWLEDGEMENT OF RISKS**

Please read the statements carefully and sign in the space provided below.

I _____ in consideration of my being permitted to participate in the
<Name of volunteer (print legibly)>

<Enter brief description of activity>

volunteer activity in Dr. _____'s
research group in the **Department of Chemistry and Biochemistry** over the time period from

_____ to _____
<Enter time period or dates involved. End date must be no later than May 15 of academic year.> _____
Number of hours per week

I understand that there may be risks inherent in the volunteer work in which I will be participating. I acknowledge and assume these risks and accept that my participation may result in losses or personal injury. I also acknowledge and assume monetary responsibility for any such losses or personal injury.

Further, I agree now and forever to waive, release, hold harmless, defend, indemnify, and discharge the University of South Carolina, employees, servants, agents, officers, trustees, and other affiliated persons or entities from any and all claims, injuries, causes, actions, liability, demands, losses, legal or equitable, of any kind whatsoever, known or unknown, foreseen or unforeseen, including all legal fees and expenses, to include attorney's fees and court costs, arising out of, or in any way related any loss or damage to property, injury, illness, disease, loss of services, medical bills, charges, or otherwise, including Death, which may arise out of, or in any way be related to, my volunteer activities.

I agree and understand that as a volunteer with the University of South Carolina, I am not covered under the State Workers Compensation Act, nor does the University provide medical or health insurance coverage for me. As a result, if I am injured while serving as a volunteer, I cannot be compensated or reimbursed for medical expenses incurred through the State Workers Compensation Fund. Because of this, I may wish to consider securing adequate health and accident insurance to cover myself while performing my duties as a volunteer. I agree to be personally and completely liable for any expenses including, but not limited to, medical or health care expenses for medical treatment, illness, or condition, incurred for or on my behalf. I consent and give the University and any others associated with the University my permission, in case of accident or injury, to administer standard First Aid and to arrange for transportation to a medical facility.

If the volunteer activity involves the use of chemicals, I agree to complete University-sponsored Chemical Laboratory Safety training program before starting the activity. If the activity involves generation of hazardous waste, I also agree to complete University-sponsored Hazardous Waste training. I further agree to advise my sponsor in the Department of Chemistry and Biochemistry of any situation or condition that may be a potential hazard or risk to me or to others.

I also agree that I will serve as a volunteer with the University of South Carolina without monetary compensation and recognize that the University of South Carolina is not required to provide any specific material support, space, or funding for my volunteer activity.

Initials of volunteer: _____

I will abide by all the rules, regulations of the University of South Carolina. If I do not abide by these rules, I may be required to discontinue my activity as a volunteer.

A background check is required if you are not a current student enrolled in a course at the University of South Carolina (USC) or another institution of higher education and you will not be working with money, confidential information or minors.

Please check the appropriate box.

- a. _____ I am a current student and will **not** be working with money, confidential information or minors.
- b. _____ I am a current student and will be working with money, confidential information or minors.
- c. _____ I am **not** a current student.**

**If line b or c is checked, you must complete an *Acknowledgement and Authorization for Background Check* form and attach to this form.

https://www.sc.edu/about/offices_and_divisions/human_resources/docs/background_check_request_e_link.pdf.

Department/Fund Number (will only use if a background check has to be performed)

I certify that I am 18 years of age or older.

Date: _____

Signature of Department sponsor:
(Must be tenure-track faculty member)

Signature of volunteer: _____

Print name: _____

Print name: _____

Date: _____

Please turn in this signed form to the Department of Chemistry and Biochemistry Chair's Office in the John M. Palms Center for Graduate Science Research, GSRC 113I. Approval for volunteer activities is contingent upon the completion of a satisfactory criminal background check and the submission of this form *before* the activity commences and must be *renewed* by a new form submission at the start of the summer session (May 16.)



Department Request for Background Check E-Link Affiliate, Student, Volunteer Form Only

To Be Completed by Department		
Date:	From:	Department:
Phone #:	Fax #:	Requester Email:
Person to be Screened		
Name:	Type of Person:	
Phone #:	Email:	
<p>The selections below indicate applicable checks to be performed:</p> <p>Standard New Hire Background Check – Conducted for all individuals covered by the university’s Job Reference and Background Checks Policy HR 1.90 – to include:</p> <ul style="list-style-type: none"> Criminal Conviction Check – County, State and Federal National Criminal Insight Check (includes Sex and Violent Offender Registry Check) Social Security Verification Check Employment Reference Check (to be completed by department – see Section E of HR 1.90)(For Affiliates Only) Employment Verification <p>Optional Background Checks – Select the appropriate optional background check. These are usually for faculty and key leadership, finance and access positions, or positions which require a professional license/certification.</p> <ul style="list-style-type: none"> Professional License/Certification Verification – Check this box if this position requires a Professional License/Certification Verification Credit History Check – Check this box if this position requires a Credit Check Education Verification – Check this box if this position requires a bachelor’s degree or above List the Degree to be Verified: State Driver’s License Verification – Check this box if this position requires an applicant to drive a university vehicle. <hr style="border: 1px solid black; margin: 10px 0;"/> <p>The student requires a Drug Screen for school practicum or externship. What panel is required?</p> <hr style="border: 1px solid black; margin: 10px 0;"/>		
Department # to be charged:	Fund:	
Signature of person requesting the background check:		
<p>Please submit this form to the Background Screening Office, by emailing background@sc.edu. If you have specific questions or concerns that our team can help you address, please contact the Background Screening Office by calling 803-777-3111.</p>		