Information Needed For Volunteering/Internship

Dear Faculty Member and Prospective Volunteer or Intern:

Thank you for letting us know about the potential new volunteer/intern joining our department. We will need the following information. (Please note that the terms Volunteer and Intern are used interchangeably on our website and paperwork)

1. Volunteer’s Name:___________________________________________     UFID: _________________
   UF email address: ___________________________________________
   If no UF email available, what is the volunteers’ personal email address?

2. Mentor:        Supervisor:

3. Requested dates of volunteer service:

4. What will be the volunteer’s work schedule:

5. What will be the work location/s  □ CTRB  □ HPC  □ BOA  □ MBI  □ Other

6. What is the volunteer’s type?  □ UF Undergraduate Student (list College and Course # ______________________)
   □ UF Graduate Student (list College and Course # ___________________________________________________)
   □ COM Medical Student    □ Visiting Scholar - Please contact your Division Manager for processing information
   □ Faculty/Post Doc/Staff from another UF department* (please indicate __________________________________)
   □ High School Student  □ Other (please describe                                                                                               )

7. * Faculty/Post Doc/Staff is paid with study funds:  □ NO  □ YES, STOP & Process as UF Employee Researcher

8. Check all duties to be performed by the volunteer:
   □ Animal contact                  □ Maintain and update reference manager database
   □ Assist with preparation of regulatory paperwork   □ Participate in laboratory meetings
   □ Cognitive testing and fMRI      □ Participate in manuscript preparation
   □ Collection of study data        □ Participate in phone screening
   □ Conduct sessions with participants □ Process lab specimens
   □ Data entry                      □ Recruit participants
   □ Develop scientific presentations, posters, and papers □ Review medical literature

9. Will the volunteer participate in work related to any IRB approved protocols?  □ Yes  □ No

10. Do you anticipate the volunteer to have animal contact (including observations)?  □ Yes  □ No

11. Will the volunteer need access to information in the Public folder on the Aging Share Drive?  □ Yes  □ No

12. What is the Volunteer Purpose (briefly describe):

13. Comments (List study # and names):

Please email this information to aging-volunteers@ad.ufl.edu and note that you may not begin the volunteering work until you have been informed by a member of the Aging Volunteers team that you have been approved as a volunteer.

Thank you,
The Volunteers Team
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