



Albert Einstein College of Medicine

## Volunteer Request Form

### Overview

- The activities conducted during volunteer service are unpaid and should not exceed one year.
- The volunteer cannot be directly supervised by a relative within the laboratory/department they are volunteering in.
- The volunteer cannot work or have previously worked for Albert Einstein College of Medicine (“Einstein”).
- The volunteer cannot replace or augment a paid employee.
- The volunteer cannot do anything but tasks traditionally reserved for volunteers or be paid for their services
- Though volunteers cannot be required to adhere to a specific schedule, it is permissible to maintain a general schedule for volunteer activities. Details of each volunteer engagement should be discussed between the mentor and volunteer, and provided to the Office of Human Resources (HR).
- If a volunteer is in high school or 16 years of age or younger, the opportunity to volunteer with Einstein will be considered on a case-by-case basis by HR in conjunction with the Institutional Bio-Safety Committee (IBC).
- Volunteers may not prepare any composition in which dangerous or poisonous acids are used unless (s) he has completed a training program given by a public school or nonprofit institution which includes safety instruction approved by the Commissioner of Labor.
- The volunteer will need to complete the Volunteer Data Form which includes a waiver that requires the volunteer’s signature, and if a minor, the signature of a parent/guardian. Volunteers in laboratories supported by an outside entity, such as Howard Hughes Medical Institute, must obtain a written consent from that entity.
- There may be no volunteers in a BSL-3 Lab who are under the age of 18. There may be no volunteers under the age of 18 exposed to radiation or working directly with animals without explicit written approval of the Environmental Health & Safety Department (EH&S) and Occupational Health Service (OHS).

### Process for Completing Volunteer Form

- Volunteers may not commence volunteer work with Einstein until HR notifies the volunteer and the applicable department that the volunteer is cleared to do so.
- Completing this form ensures that the activities performed by the volunteer are covered on the iCIMS requisition you received. If the volunteer will be engaged in activities not listed in the iCIMS requisition or if your department has not received a volunteer iCIMS requisition, please contact the HR Compensation Department via e-mail: [DL-COM-Compensation@einstein.yu.edu](mailto:DL-COM-Compensation@einstein.yu.edu) for further information.
- If the activities that the volunteer will perform are included in the iCIMS requisition, complete the Volunteer Request Form as follows and email it to Talent Acquisition: [Careers@einstein.yu.edu](mailto:Careers@einstein.yu.edu) for further processing.
- Once the volunteer has been approved, the department administrator will receive a PDF version of this Volunteer Request Form for the department file.

### Department Administrator’s Responsibility

- Ensuring volunteer complies with requirements in a timely fashion.
- Ensuring the volunteer assignments are appropriate and meet guidelines.
- Notifying Talent Acquisition when the volunteer leaves the institution.
- Notifying the volunteer of his or her end date.

### **Pre-Screening Process**

The Volunteer will be contacted by an HR Representative to start the onboarding process which will include:

- Criminal background screening (18 years or older)
- Drug screening (18 years or older)
- Original Working papers (17 years or under)
- State/Government Picture ID (e.g., Driver's license, passport, Visa documentation, etc.)
- Completion of Volunteer Application
- Training (e.g., Preventing Workplace Harassment)
- Medical Clearance (if applicable). Most volunteers will need medical clearance in order to start volunteering at Einstein. Occupational Health Services will contact the volunteer via email to discuss what medical requirements are needed to start volunteering.

### **Once Cleared**

- HR will inform the department and provide the volunteer with a memo to bring to Weiler Hospital to receive their ID badge.
- The department can then reach out to the volunteer to discuss other pertinent details (e.g., when to arrive, where to report, etc.).

**\*\*Please allow four weeks processing time to onboard your volunteer.\*\***

**Volunteer Request Form**

Department Details		
<b>Mentor for Volunteer</b> (Faculty/Staff member(s) responsible for Volunteer)		
First Name:	Last Name:	Phone Number:
Title:	Department:	Email Address:
Department Administrator		
First Name:	Last Name:	Phone Number:
Title:	Department:	Email Address:
Volunteer Details		
First Name:		Last name:
Address:		
City:		State:
Email address:		Phone Number:
Date of Birth:	Volunteer's Age:	Visa Information
Other (if other, type in response):		
About Volunteer Opportunity		
<b>Duration of volunteer period</b> (Should not exceed a year)	From:	To:
Number of Hours Per Week:	ICIMS Requisition #:	
To request an exception to the duration of the volunteer period, please provide a rationale below:		
Describe the general Nature of the activities that will be performed by the volunteer:		
Is the volunteer a student? Yes _____ No _____		
Has this volunteer ever worked for Albert Einstein College of Medicine? Yes _____ No _____		

<p>Volunteers may not substitute current or prior employees. Is this volunteer replacing or augmenting paid employees?</p> <p>Yes _____ No _____</p>
<p>Does this volunteer have any relatives working in the lab/department they are volunteering in?</p> <p>Yes _____ No _____</p> <p>If yes, write the relative's name and title: _____</p>
<p>Describe how this experience will develop/further the volunteer's academic endeavors:</p>  
<p>Are there other members of your department conducting similar work for which they are being paid?</p> <p>Yes _____ No _____</p> <p>If yes, please provide the names and titles of the employees and note if they are union employees or not.</p> <p>_____</p> <p>_____</p>
<p>Is this an informal internship to gain personal career growth?</p> <p>Yes _____ No _____</p> <p>Is this a formal internship through an undergraduate or graduate school?</p> <p>Yes _____ No _____</p> <p>If yes, does Einstein have a formal signed agreement with the volunteer's school?</p> <p>Yes _____ No _____</p> <p>Will the volunteer be rewarded school credit for this experience?</p> <p>Yes _____ No _____</p>
<b>Statement/Terms and conditions</b>
<p>By submitting this form, the mentor and/or Department Administrator will ensure that the Volunteer will be provided with appropriate oversight at all times and, if required, the Volunteer will receive the appropriate medical clearance and safety orientation for the role to which the Volunteer has been assigned. In addition, the mentor and/or Administrator understand(s) that the Volunteer will not be given any expectation of employment or pay and that the volunteer will not be performing any activity involuntarily or at required hours. The Volunteer will be advised that they are subject to all Einstein policies and will be asked to provide written acknowledgment that they have received this advice. We further attest that no other members of this department are conducting similar activities to that of the volunteer. Finally, the terms of this Volunteer role, if approved, may not be modified without consultation and approval by the Office of Human Resources.</p> <p>Mentor's Name: _____ Date: _____</p>

**Health & Safety Form**

Finalist Name:		Email Address:	
Job Title:		Department and Subdivision (if applicable):	
Administrator:		Hiring Manager:	
Pre-requisite for Pre-employment Physical*		Animal Handler	
*Will this person work in a laboratory?	Yes ___ No ___	Will this person work with animals?	Yes ___ No ___
*What is this person's risk of occupational exposure to tuberculosis?	Yes ___ No ___	Monkeys	<input type="checkbox"/>
*If routine or high is checked, will the person be using a respirator?	Yes ___ No ___	Sheep	<input type="checkbox"/>
*Will this person be at risk of occupational exposure to blood borne pathogens?	Yes ___ No ___	Dogs	<input type="checkbox"/>
<b>A pre-employment physical is required if one or more of the asterisked items above is selected as yes or routine.</b>		Rodents	<input type="checkbox"/>
Radiation/Radioactive Materials	Yes ___ No ___	Cats	<input type="checkbox"/>
		Other (Please specify):	
<b>OSHA Regulated Agents</b>			
Will this person be at risk of occupational exposure to the following OSHA- regulated agents?			
Asbestos	Yes ___ No ___	4-Aminodiphenyl	Yes ___ No ___
Alpha-naphthylamine	Yes ___ No ___	4-dimethylaminoazobenzene	Yes ___ No ___
Arsenic, inorganic compounds	Yes ___ No ___	4-Nitrobiphenyl	Yes ___ No ___
Benzene	Yes ___ No ___	3,3'-dichlorobenzidine	Yes ___ No ___
Benzidine	Yes ___ No ___	Methyl chloromethyl ether	Yes ___ No ___
b-naphthylamine	Yes ___ No ___	N-Nitrosodimethylamine	Yes ___ No ___
Bis-Chloromethyl ether	Yes ___ No ___	1,2-dibromo-3-chloropropane	Yes ___ No ___
Ethyleneimine	Yes ___ No ___	2-acetylaminofluorene	Yes ___ No ___
Ethylene Oxide	Yes ___ No ___	Other Hazardous Chemicals	Yes ___ No ___
Formaldehyde	Yes ___ No ___	Please Specify:	
All other infectious agents (Please specify):			

By submitting this form, the mentor/hiring manager ensures that the above information is correct and accurate.

Hiring Manager: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable, see the [Minors Working in Laboratories Policy, HR-POL-2018-029](#), and related forms.