

Research Instructions – Volunteer Extension Renewal

PROCESS:

1. Please copy the subject line below, and paste into an email

Subject Line: *PI Name – Employee Name – Volunteer Extension Renewal*

2. An updated Research Volunteer Assignment Sheet (see page 2), must also be completed and attached to email.

3. Investigator is asked to complete “Access ID Form” (see page 3) and attach to email. Please ensure all fields are complete.

There must be an end date listed for the Volunteer (e.g., March 23, 2017).

Questions? Contact: Dalbir Singh, Research Projects Assistant (416-864-6060 ext 7863 / singhda@smh.ca)

Research Volunteer Assignment Form for PIs/Managers

Please complete all fields. It is the Investigator's responsibility to ensure space, adequate training and supervision are available to support the research volunteer's work.

PI Name:	Phone Ext:
Program Manager: (If applicable)	Phone Ext:
Start Date:	End Date:

Please describe why you are engaging this volunteer and what they will receive from the experience:
Please describe the specific duties of the volunteer:
Please describe all relevant skills or qualifications:
Will the volunteer be working with biological material? ? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please email Steven Hayes at hayess@smh.ca to follow up on next steps.
Is there any additional training beyond the standard training (i.e. Biosafety, WHIMS,etc.) required?
Which days and what hours will the research volunteer be expected to work? Where will the research volunteer be working?
Please describe how the volunteer will be supervised. Please include a mentor plan if applicable.
Will the research volunteer interact with research subjects and/or patients, patient/research data and/or patient/research subject samples? Yes <input type="checkbox"/> No <input type="checkbox"/> * Please be reminded to read the prohibited activities in section 1.8 of the Research Volunteer and Visitor Policy If yes, have you informed or contacted the Research Ethics Board? Yes <input type="checkbox"/> No <input type="checkbox"/> http://www.stmichaelshospital.com/research/reb.php

St. Michael's

Inspired Care.
Inspiring Science.

Bar Code Identification Form

Please print clearly

Last Name				
First Name				
Department Name				
Job Title	Research Volunteer			
Phone Number				
E-mail (Mandatory)				
Start Date				
End Date (if applicable)				
Area(s) of access (PI or Manager must initial each entry)	Area Name	Floor	Wing	Initials
PI/Manager Name (Print)				
PI/Manager Signature				

ACCESS CARD NUMBER (MANDATORY)	
-----------------------------------	--