

# Off-Site Research Volunteer Forms For PI/Managers

## Bar Code Identification Form

Please print clearly

|  |   |       |      |         |
|--|---|-------|------|---------|
| Last Name  |   |       |      |         |
| First Name   |   |       |      |         |
| Email Address  |   |       |      |         |
| Affiliation (school or organization)   |   |       |      |         |
| Department Name  |   |       |      |         |
| Job Title  | Research Volunteer                      |       |      |         |
| Phone Number   |   |       |      |         |
| Start Date   |   |       |      |         |
| End Date (MANDATORY)   |   |       |      |         |
| Area(s) of access  | Area Name – Not applicable for off-site | Floor | Wing | Initial |
|  |   |       |      |         |
|  |   |       |      |         |
|  |   |       |      |         |
|  |   |       |      |         |
|  |   |       |      |         |
| PI/Manager Name (Print)  |   |       |      |         |
| PI/Manager Signature   |   |       |      |         |
| <i>For renewal only:</i> reason why volunteer is being renewed beyond initial end date (1 year max): |   |       |      |         |
|  |   |       |      |         |

Not Paid by St. Michael's Hospital.

## Criminal Check Process and Email Templates for Research Visitors Volunteers

Dear Research Visitor/Volunteer,

You have been recently accepted for a position with St. Michael's Hospital and as a result we are reaching out to you to advise you to **read** and **sign off** on the required criminal check information below in order for the check to be completed. Failure to complete this information in a timely manner will impact your access at the hospital.

**PIs/Managers:** In order to process your visitor/volunteer, we will need your AU and Activity Account info below. The typical cost of a Canadian Criminal Record Check is \$21.

### IMPORTANT INFORMATION REGARDING CRIMINAL CHECK PROCESS – PLEASE READ CAREFULLY

- **Your condition of employment is contingent on the completion and satisfactory result of a Criminal Check.**
- **In the next few days you will receive an email from our vendor First Advantage. The email address is: [applicants@fadv.ca](mailto:applicants@fadv.ca)**
- **Keep an eye out for the email and check your junk mail**
- **You will have a deadline of 48 hours to complete the email once sent to you. Failure in responding will result in terminating your access.**
- **ONLY Government IDs are accepted for the Criminal Check process**
- **Previous criminal checks conducted by outside institutions (Police Checks) are NOT ACCEPTED. The consent form from**

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Research Volunteer/Visitor (Print Name)

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Research Visitor/Volunteer (Signature)

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PI/Manager (Print Name)

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PI/Manager (Signature)

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Company

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AU

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Activity Number

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Percentage

### 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.

|   |                   |
|---|-------------------|
| <b>Volunteer Name:</b>                      |                   |
| <b>PI Name:</b>                             | <b>Phone Ext:</b> |
| <b>Program Manager:<br/>(If applicable)</b> | <b>Phone Ext:</b> |
| <b>Start Date:</b>                          | <b>End Date:</b>  |

|  |                                    |
|--|------------------------------------|
| 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:   |                                    |
| Please confirm that the volunteer will not be working with biological material   | <input type="checkbox"/> I confirm |
| Is there any additional training beyond the standard training 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 virtually. Please include a mentor plan if applicable.  |  |
| Please confirm that the research volunteer will not interact with research subjects and/or patients, patient/research data and/or patient/research subject samples?<br>* Please be reminded to read the prohibited activities in section 1.8 of the Research Volunteer and Visitor Policy<br>If yes, have/will you informed or contacted the Research Ethics Board?<br><a href="http://www.stmichaelshospital.com/research/reb.php">http://www.stmichaelshospital.com/research/reb.php</a> | <input type="checkbox"/> I confirm<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the research volunteer a student?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, what school and program are they enrolled in?  |  |
| Will the research volunteer be gaining academic credit?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Please confirm the research volunteer will not be exposed to clinical activities (e.g. patient contact) and/or exposed to human blood/body fluids  | <input type="checkbox"/> I confirm   |

**Conflict of Interest Disclosure**

|   |  |
|---|--|
| Is the individual a family member of the supervisor (or the individual responsible for the decision to engage this incumbent)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the individual affiliated with an organization in which the supervisor or the supervisor's family member has a financial or ownership interest?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (Family Member includes a spouse, domestic partner, child, parent, sibling, grandparent, grandchild or other close relation. For the purpose of this policy (i.e., Research Conflicts of Interest), a family relationship includes biological relationships, adoptive relationships, relationships created through marriage and other relationships in which care-giving or dependency exists. Please note that if you check "Yes", before this hire can be processed this information will be forwarded to the Office of Research Administration for review under the Research Conflicts of Interest Policy) |  |
| Investigator/Manager Signature  | Date Signed  |
| Volunteer Signature   | Date Signed  |

## Research Volunteer Service Agreement

**Please read carefully before signing.**

**Please check each box to acknowledge your understanding and agreement.**

The supervisor/PI agrees to:

- Adhere to all responsibilities outlined in section 1.8 of the Research Volunteer and Visitor Policy (see Instructions – for Section 1.8)
- Provide virtual supervision, training, orientation, supervision and feedback to the volunteer specific to their work area/field
- Be accessible (via phone/email) to the volunteer for input, direction and to share information.

The research volunteer agrees to:

- Maintain a professional commitment to the research volunteer position Seek direction from supervisor if volunteer is unsure
- Read and understand the workplace violence policy Read the emergency procedures and codes
- Know the infection control guidelines and understand the importance of hand washing
- Not to exchange contact information – including address, phone numbers, email or social networking information – with patients, study subjects and/or their friends and family.
- Complete the online orientation and have understood it fully
- Complete and comply with all training outlined in Section 1.6 of the policy as applicable to my role (see Instructions for List)
- Maintain confidentiality
- Review the Research Volunteer and Visitor Policy and other relevant SMH policies within 30 days of start date

All registered research volunteers at SMH have accepted the volunteer role description outlined in the Research Volunteer Assignment Form for PIs/Managers and have agreed not to make any significant changes in their engagement without first informing the ORA.

I understand and accept the terms of the foregoing Research Volunteer Service Agreement.

|                          |                                  |                                     |
|--------------------------|----------------------------------|-------------------------------------|
| PI/Manager (print) name: | Research Volunteer (print) name: | Parent (print) name* (if under 18): |
| PI/Manager Signature:    | Research Volunteer Signature:    | Parent Signature* (if under 18):    |

\* Please ensure that the parent has read the Volunteer Assignment Form that describes the duties and expectations of the student

## **UHT Research Volunteer Program During COVID-19 Pandemic Acknowledgement**

Due to the evolving COVID-19 situation, changes have been implemented to the Unity Health Research Volunteer Program.

Volunteers will only participate in non-essential but permissible research. The research must be conducted offsite and social distancing rules must apply at all times.

- Volunteers must not have any direct, physical, interactions with research subjects or team members.
- Volunteers must be able to perform their work from their homes.
- Volunteers will not have access to Soarian or any Personal Health Information.
- Volunteers must have appropriate training and oversight provided virtually by the study team (via zoom, phone, etc.)
- The ORA will arrange for remote onboarding and access (Volunteers will not need to come on-site for badge access)
- Volunteers will have limited access to library services at UHT.
- Volunteers and their supervisors are required to complete the standard onboarding package.

By signing below, you acknowledge and agree to the conditions listed above.

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PI/Manager Signature

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Research Volunteer Signature