

# Volunteer Request Form

## Overview

- The activities conducted during volunteer service are unpaid and must not exceed one year.
- 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 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.
- Administrator/ Representative from department will complete the Volunteer Request Form. The form references an iCIMS requisition number - please make sure to indicate it on the form. If you do not know the number for your department, please contact Talent Acquisition.
- Once the volunteer form has been completed, please email it to [DL-COM-Compensation@einsteinmed.org](mailto:DL-COM-Compensation@einsteinmed.org).
- If the Volunteer is a minor (under 18 years old), please fill out a [Volunteer Release Form/ Affidavit of Supervision Form](#) and [Minor Volunteer Request Form](#) along with this Volunteer Request Form.
- Our Compensation Department will review the volunteer application to ensure that the guidelines are being adhered to. Please make sure to complete the form in its entirety as to avoid delays in the processing of your volunteer.
- Once reviewed by our Compensation Department, an email will be sent to Talent Acquisition and the department stating the volunteer request is approved. If the volunteer request is denied, the department hiring the volunteer will be informed.

## 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 the Einstein Security Department in Forchheimer Room G9 to receive his or her 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>

Also provide a completed [Health and Safety Assessment Form, HR-FRM-2018-025](#).

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

[Volunteer Release Form/ Affidavit of Supervision Form](#) and [Minor Volunteer Request Form](#)