

## Volunteer Extension Request and Release Form

### Part A - To be completed by all Volunteers:

#### 1. Rules Governing activities of volunteers:

a. You agree that your participation is entirely voluntary.

b. You, on behalf of yourself, your agents, your heirs, representatives, executors or administrators, hereby release, indemnify and hold harmless Cornell University, Weill Cornell Medicine, WCGSMS, its officers, agents and employees from any and all liability, damages, claims of any nature whatsoever arising out of or in any way related to your volunteer duties. Cornell University bears no responsibility in case of an accident or health problem which you may encounter as a result of activities carried out in connection with your volunteer activity or otherwise.

c. **You understand that Cornell University, Weill Cornell Medicine, and WCGSMS do not provide any Accident or Medical Insurance and that you are required to provide your own Accident and Medical Insurance.** You hereby agree that you are financially responsible for all such expenses. You are not covered by **any** employee benefit plans or by Workers' Compensation.

d. You understand that all volunteers are subject to Cornell University, Weill Cornell Medicine and WCGSMS rules and policies as well as the laws of the United States, New York City and State and any applicable regulations. In the event of a violation of any of these, or for any behavior which is considered to be detrimental to students, patients, or any Cornell personnel, or to the department, the University, Weill Cornell Medicine, WCGSMS, or the Medical Center, or for any reason in its sole discretion, Cornell retains the right to immediately dismiss you as a volunteer without prior notice. You do not have a formal appointment to any Cornell department.

e. The duties outlined by the Department Chair, Vice Provost, Associate Dean or Designee of the Department in which you will be performing voluntary activities shall be a part of this agreement and release. Cornell's Indemnification Policy, which provides indemnification for claims brought by third parties, provides coverage for "volunteers, but only while acting at the specific prior request of an authorized official of the University to perform unsalaried services on behalf of the University."

#### 2. Disclosure of Risks and Safety Requirements

Volunteering in a laboratory or in a medical environment may involve significant risks. These risks include the possibility of exposure to toxic chemicals, the possibility of exposure to radioactive materials or radiation, the possibility of exposure to infectious agents and the possibility of exposure to human blood or other bodily fluids which might contain infectious agents including HIV, the virus which causes AIDS. The nature of research also involves study of unknown or poorly understood conditions and unanticipated risks may exist.

As long as you are volunteering at Weill Cornell Medicine, you are required to strictly adhere to all safety regulations. If you have any questions regarding safety, you should promptly telephone the Office of Environmental Health and Safety at 646-962-7233.

If you cannot provide acceptable evidence to the New York Presbyterian Hospital Workforce Health and Safety Clinic of immunity to or immunization against designated communicable diseases (i.e., measles, mumps, rubella, varicella), you will be required to receive immunizations appropriate for your assignment prior to beginning your volunteer service. If you refuse immunizations for measles or rubella, you will be unable to perform any activities in a clinical setting. If your volunteer duties involve exposure to human blood or other body fluids then immunization against hepatitis B is required. If you decline to receive hepatitis B vaccination, you will be required to sign a statement to that effect.

Weill Cornell Medicine and the New York Presbyterian Hospital will not be responsible for any injury or exposure to toxic, hazardous or infectious materials which you may sustain while volunteering here. If you are injured or exposed to dangerous materials while volunteering at Weill Cornell Medicine you will be offered emergency medical care but you will receive no compensation for your injuries and will be responsible for all medical care cost.

Please indicate your awareness and acceptance of these terms and conditions by completing and signing this Form and returning it to your Weill Cornell Medicine or WCGSMS supervisor before beginning any volunteer duties.

Name of Volunteer (please print):	
Volunteer Signature:	Date:

Emergency Contact			
Name:		Relationship:	
Address (Street, Apt Number):	City, State:	Zip Code:	Home or Mobile Number:

**If the volunteer is under 18 years of age, this document must be co-signed by a parent or legal guardian:**

Name of Parent or Legal Guardian (please print):			
Address of Parent or Legal Guardian (Street, Apt Number):	City, State:	Zip Code:	Home or Mobile Number:
Parent or Legal Guardian Signature:			Date:

**Part B. - To be completed by Supervisor and Department Chair or Associate Dean:**

Volunteer Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

Extension from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLEASE INDICATE VOLUNTEER'S PROPOSED SCHEDULE WHILE ON WEILL CORNELL PREMISES:**

**SAMPLE**

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
9:00am to 5:00pm	Off	12:00pm to 4:30pm	Off	12:00pm to 4:30pm

**VOLUNTEER'S SCHEDULE: (PLEASE COMPLETE)**

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

**Check off all activities to be performed by the volunteer and provide a detailed description for each activity on the following page:**

<input type="checkbox"/>	Clerical/ Computer Data Entry/ Data Compilation & Analyses
<input type="checkbox"/>	Library Research/ Medical Record Research/ Record
<input type="checkbox"/>	Patient Contact - In-person/ Over the phone
<input type="checkbox"/>	Observing Laboratory Work/ Conducting Laboratory Work
<input type="checkbox"/>	Observing Patient Care
<input type="checkbox"/>	Attendance in Meeting
<input type="checkbox"/>	Counseling

	<b>YES</b>	<b>NO</b>
Will the volunteer have patient contact in person?	<input type="checkbox"/>	<input type="checkbox"/>
Will the volunteer be physically located in NY Presbyterian Hospital space subject to Joint Commission regulation?	<input type="checkbox"/>	<input type="checkbox"/>
Will the volunteer be physically located in a clinical laboratory setting?	<input type="checkbox"/>	<input type="checkbox"/>
Will the volunteer be physically located in a research laboratory setting?	<input type="checkbox"/>	<input type="checkbox"/>
Will the volunteer be physically located in a patient care setting (not subject to Joint Commission requirements)?	<input type="checkbox"/>	<input type="checkbox"/>

**Weill Cornell Medicine employee/faculty member supervising Volunteer:**

\_\_\_\_\_  
Name (please print) Signature Date

\_\_\_\_\_  
Department/Division/Office of Phone Number

**Department Chair, Vice Provost, Associate Dean, or Designee:**

\_\_\_\_\_  
Name (please print) Signature Date

## Description of Activities, Part B. - Continued

Volunteer Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

**Please provide a detailed description for each activity the volunteer is expected to perform:**

**Clerical/ Computer Data Entry/ Data Compilation & Analyses:**

**Library Research/ Medical Record Research/ Record Research/ Writing, Editing**

**Patient Contact - In-person/ Over the phone**

**Observing Laboratory Work/ Conducting Laboratory Work ( Please specify, if working with Animals, DNA, Blood or Cells.)**

**Observing Patient Care**

**Attendance in Meeting**

**Counseling**