

VOLUNTEER AGREEMENT
FOR INDIVIDUAL INVESTIGATORS

SECTION I – VOLUNTEER INFORMATION

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Social Security # (If obtaining reimbursement): _____

Driver's License # (If operating a motor vehicle during volunteer duties): _____

Name of Institution with Federalwide Assurance (FWA): University of Nevada, Las Vegas

Applicable FWA #: 0002305

In case of emergency, please contact:

Name	Relationship	Phone Number
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SECTION II – TERMS

COMPLIANCE: As a volunteer, I agree to abide by all applicable rules and regulation of the Nevada System of Higher Education (NSHE) and guidelines of this department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may terminate this Agreement at any time without prior notice.

I acknowledge that I have reviewed: 1) *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (or other internationally recognized equivalent; see section B.1. of the Terms of the Federalwide Assurance (FWA) for International (Non-U.S.) Institutions); 2) the U.S. Department of Health and Human Services (HHS) regulations for the protection of human subjects at 45 CFR part 46 (or other procedural standards; see section B.3. of the Terms of the FWA for International (Non-U.S.) Institutions); 3) the FWA and applicable Terms of the FWA for the institution referenced above; and 4) the relevant institutional policies and procedures for the protection of human subjects, including the UNLV Research Misconduct Policy and the Conflict of Interest/Compensated Outside Services Policy.

I understand and hereby accept the responsibility to comply with the standards and requirements stipulated in the above documents and to protect the rights and welfare of human subjects involved in research conducted under this Agreement.

I will comply with all other applicable federal, international, state, and local laws, regulations, and policies that may provide additional protection for human subjects participating in research conducted under this Agreement.

I will abide by all determinations of the Institutional Review Board (IRB) designated under the above FWA and will accept the final authority and decisions of the IRB, including but not limited to directives to terminate participation in designated research activities.

I will complete any educational training required by UNLV and/or the IRB prior to initiating research covered under this Agreement, including the Collaborative Institutional Training Initiative (CITI) Program and, if applicable, the CITI Public Access Course in Responsible Conduct of Research (RCR) Program.

I will report promptly to the IRB any proposed changes in the research conducted under this Agreement. I will not initiate changes in the research without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to subjects.

I will report immediately to the IRB any unanticipated problems involving risks to subjects or others in research covered under this Agreement.

When responsible for enrolling subjects, I will obtain, document, and maintain records of informed consent for each such subject or each subject's legally authorized representative as required under HHS regulations at 45 CFR part 46 (or any other international or national procedural standards selected on the FWA for the institution referenced above) and stipulated by the IRB.

I acknowledge and agree to cooperate in the IRB's responsibility for initial and continuing review, record keeping, reporting, and certification for the research referenced above. I will provide all information requested by the IRB in a timely fashion.

I will not enroll subjects in research under this Agreement prior to its review and approval by the IRB.

Emergency medical care may be delivered without IRB review and approval to the extent permitted under applicable federal regulations and state law.

I understand this Agreement does not preclude me from taking part in research not covered by this Agreement.

I acknowledge that I am primarily responsible for safeguarding the rights and welfare of each research subject, and that the subject's rights and welfare must take precedence over the goals and requirements of the research.

INDEMNIFICATION: To the fullest extent permitted by law, the NSHE shall indemnify, hold harmless and defend the volunteer, as if as an employee of the NSHE within the scope and meaning of NRS 41.0339, from and against all liability, claims, actions, damages, losses, and expenses, including, but not limited to, attorneys' fees and costs, arising out of the performance of the services set forth in the "Description of Volunteer Duties" statement contained within this document if the act or omission on which such liability, claims, actions, damages, losses, and expenses are based appears to be within the course and scope of the public duty assumed by the volunteer, appears to have been performed or omitted in good faith, was done under the control and direct supervision of the NSHE in the furtherance of the NSHE's business.

WORKERS' COMPENSATION INSURANCE: Volunteers shall receive worker's compensation coverage in accordance with NRS 616A.130 while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement.

STATE OWNERSHIP OF PROPRIETARY INFORMATION: Any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code, or any other documents and drawings, prepared or in the course of preparation by the volunteer while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement shall be the exclusive property of the NSHE and all such materials shall be remitted to NSHE by the volunteer upon completion, termination, or cancellation of service. A volunteer shall not use, willingly allow, or cause to have such materials used for any purpose other than performance of the volunteer's service under this agreement without prior written consent of NSHE.

CONFIDENTIALITY: A volunteer shall keep all information confidential, in whatever form, produced, prepared, observed or received by the volunteer to the extent that such information is confidential by law.

_____ (Initials) I have read a description of the volunteer duties covered under this agreement and I ascertain that I am physically able to complete the tasks listed.

_____ (Initials) I have read a description of the volunteer duties covered under this agreement and I request the following accommodation(s) to complete these tasks: _____

Volunteer's Signature: _____

Date: _____

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the NSHE. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf

Parent/Guardian: _____
Print Name Signature Date

SECTION III – TO BE COMPLETED BY THE SUPERVISOR/PRINCIPAL INVESTIGATOR

Department where the volunteer will work:

Department Account number:

Protocol Title:

Supervisor/Principal Investigator responsible for volunteer's work:

Name and Title

Supervisor/Principal Investigator's Phone #: _____

Volunteer Duties covered by this agreement: _____

Work will begin on: _____ and end on: _____

Supervisor/Principal Investigator's Signature: _____ Date: _____

REQUIREMENT:

- 1. Complete this form in its entirety.**
- 2. Submit this form to the appropriate Human Resources Office.**
- 3. Attach a copy of this form to the IRBNet protocol submission.**