



**Community High School Engagement and  
Learning Opportunity (CHiSEL)**

**APPLICANT  
PACKET**



## **Community High School Engagement and Learning Opportunity (CHiSEL) Mentorship Program**

**Program Overview:** Interested biomedical students from surrounding communities work with MCC Members on their own project data and research skills. Most mentorship experiences conclude with a final high school project.

*Our faculty are eager to help prepare researchers of the next generation by engaging in topics of student interest, developing strategies, techniques and results for the future.*

**Program Coordinator:** Olivia Patterson

*Office:* (804) 628 – 3400 *Email:* [opatterson@vcu.edu](mailto:opatterson@vcu.edu)

# Virginia Commonwealth University

## Massey Cancer Center

### Release and Waiver of Liability

Please read this document carefully before signing.

Participant Student's Name \_\_\_\_\_

I, \_\_\_\_\_, am the parent or guardian of the above named minor child. I desire for my child to participate in an internship sponsored by Virginia Commonwealth University (VCU), Massey Cancer Center (MCC) and therefore, do hereby covenant with VCU and MCC that I shall not sue or bring any legal action, claim or proceeding against VCU and MCC, its agents, officers, board members, faculty, employees, or representatives on account of any injury or damage, including death, that my child may sustain by virtue of or arising out of my child's participation in this internship.

I assume the risk of all conditions arising from and inherent in participation in the subject internship, including transportation to and from VCU and MCC and do hereby waive, release and forever discharge VCU and MCC, its agents, officers, board members, faculty, employees and representatives from any and all responsibilities, claims and /or liability for bodily injury to my child, property damage, or death caused by any reason whatsoever, including negligence, gross or otherwise

I acknowledge that I have read this document carefully and that I fully understand and accept all provisions of the waiver.

Participant's Parent/Guardian Signature \_\_\_\_\_

Participant's Parent/Guardian Printed Name \_\_\_\_\_

Date \_\_\_\_\_

08/24/05

# VCU Volunteer Data Form

<b>PREFIX</b>	<b>VOLUNTEER'S NAME (LAST NAME FIRST NAME MIDDLE INITIAL)</b>	<b>SUFFIX</b>	<b>DATE OF BIRTH</b>
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<b>HOME ADDRESS STREET</b>	<b>APT #</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>HOME PHONE</b> ( )	<b>BUSINESS PHONE</b> ( )	<b>CELL PHONE</b> ( )		
<b>EMAIL ADDRESS</b>				

<b>EMERGENCY CONTACT NAME</b>	<b>HOME PHONE</b> ( )	<b>BUSINESS/CELL PHONE</b> ( )
<b>HOME ADDRESS: STREET</b>	<b>APT#</b>	<b>CITY</b>
	<b>STATE</b>	<b>ZIP CODE</b>

<b>EDUCATION: COLLEGE ATTENDED</b>	<b>MAJOR/YEAR</b>
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Have you ever been convicted of a misdemeanor or a felony or traffic infraction (moving violation)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**I will be volunteering with:**

\_\_\_\_\_ (Name of Mentor/Principal Investigator/Personnel Administrator or Designee and phone number)

\_\_\_\_\_ (Name of Department)

<b>REFERENCE #1 NAME</b>	<b>HOME PHONE</b> ( )	<b>BUSINESS/CELL PHONE</b> ( )
<b>HOME ADDRESS: STREET</b>	<b>APT#</b>	<b>CITY</b>
	<b>STATE</b>	<b>ZIP CODE</b>

<b>REFERENCE #2 NAME</b>	<b>HOME PHONE</b> ( )	<b>BUSINESS/CELL PHONE</b> ( )
<b>HOME ADDRESS: STREET</b>	<b>APT#</b>	<b>CITY</b>
	<b>STATE</b>	<b>ZIP CODE</b>

I hereby agree to volunteer with Virginia Commonwealth University (VCU). I understand that as a volunteer I have the right to say no to any task asked of me with which I feel uncomfortable.

I acknowledge and understand that I may have access to confidential information regarding employees, students, patients, or the public, or to proprietary or other confidential business information belonging to VCU. In addition, I acknowledge and understand that I am required to reasonably comply with all applicable federal, state, and University policies, procedures and regulations, including those related to the use of University funds or resources.

Therefore, except as required by law and excluding information that can be released under federal, state, or University regulations, I agree that I will not:

- Access data that is unrelated to my job duties at VCU;
- Disclose to any other person, or allow any other person access to, any information related to VCU that is proprietary or confidential. Disclosure of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, "loaning" computer access codes, and/or any other transmission or sharing of data.

I understand that VCU and its employees, students, patients, or others may suffer irreparable harm by disclosure of confidential or proprietary information and that VCU may seek legal remedies available to it should such disclosure occur. I understand that failure to comply with applicable policies, procedures, and regulations may result in a loss of resources and that VCU may seek legal remedies available to it should such losses occur. Further, I understand that violations of this agreement may result in termination of my volunteer assignment.

**Signature:** \_\_\_\_\_  
**Volunteer**

\_\_\_\_\_  
**Date**



# VCU Health Form for Volunteers

**INSTRUCTIONS TO VOLUNTEER:**

- Complete your section.
- Have your physician or your Student Health physician (as applicable) complete and sign his/her section.
- Return the completed form to your department personnel administrator at VCU.

Due to infection control policies, VCU volunteer applicants must provide documentation of the following:

1. Two doses of MMR (Measles, Mumps, Rubella) vaccine.
2. Chickenpox or two doses of live Varicella vaccine.
3. TB Skin Tests: One TB Skin Test **must** be given and read within 30 days of beginning to volunteer. If it has been more than one year since you have had a TB Skin Test, you will need two skin tests – the initial test and, two weeks later, a follow-up test (in order to rule out false negative results).

**NOTE:** Up-to-date copies of immunization records can be attached to this form.

**TO BE COMPLETED BY VOLUNTEER APPLICANT:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

I understand that providing documentation of the above-outlined health information is a condition of being permitted to volunteer at VCU. I authorize my physician or Student Health office (as applicable) to provide such documentation and to provide any vaccines or TB skin tests necessary to complete the requirements.

Volunteer Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** If volunteer applicant is under age 18, a parent or guardian signature is required.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN:**

Dates of MMR vaccine: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Dates of Varicella vaccine (1) \_\_\_\_\_ (2) \_\_\_\_\_

Must provide proof of a positive Varicella (chicken pox) titer if has not received 2 doses of varicella vaccine.

Date of titer \_\_\_\_\_ (must provide a copy of the lab result)

Last Tuberculin skin test: date given \_\_\_\_\_ date read \_\_\_\_\_ result (in mm's) \_\_\_\_\_

If significant reaction, was chest X-ray done? If **YES**, give date: \_\_\_\_\_

Was treatment provided (INH Therapy)? If **YES**, give date: \_\_\_\_\_

**NOTE:** A TB Skin Test (TST) *must* be given within 30 days of beginning to volunteer. If it has been *more than one* year since the volunteer applicant's last TST, a two-step TST is needed (second test - two weeks after the first).

Date TST given: \_\_\_\_\_ Date read: \_\_\_\_\_ Results (in mm's): \_\_\_\_\_

Date of follow-up TST: \_\_\_\_\_ Date read: \_\_\_\_\_ Results (in mm's): \_\_\_\_\_

Print Name of Physician: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY SPONSORING DEPARTMENT:**

Sponsoring Program: \_\_\_\_\_ Program Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Date: \_\_\_\_\_



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## VCU Volunteer Fact Sheet

- Make note of the location for your volunteer assignment and the contact information for your supervisor.
- If you have an emergency and cannot volunteer on your scheduled time, call your supervisor or leave a message on the department's administrative office phone number.
- Arrive on time. If for some reason you will be late or cannot report for your volunteer assignment on the expected day, contact your supervisor.
- Observe courteous and professional behavior at all times.
- Always maintain the confidentiality of patients, students, staff, faculty, the public and proprietary and other confidential business information belonging to VCU.
- Sign in and out, including for lunch breaks, if required to do so.
- Remain at your assigned placement. Do not leave unless you are asked to do so; for example, to run an errand by a department representative.
- Never enter an unauthorized area!
- If you have completed your assigned duties or activities, have already asked the individual to whom you report if there is anything else he/she would like you to do and there are no other assignments, inform the individual that you are returning to your supervisor.
- Never take equipment from a specific area unless you are asked to do so by your supervisor or an appropriate department representative.
- Always be polite and respectful. Observe quiet in the halls.
- In case of injury, inform your supervisor and acquire proper medical treatment.
- At the end of your volunteer assignment, return keys, ID and equipment to your supervisor.

### Dress Code:

- Your VCUCard identification must be worn at all times while volunteering.
- Wear appropriate attire for the particular department/division. Jeans, heavy make-up or perfume, shorts, mini-skirts, stirrup pants or sandals are not allowed in many areas.

**Thank you for your volunteer service to VCU!  
We hope you have an enjoyable experience here.**