



Department of Chemistry and Biochemistry

_____ **Initial Volunteer Application**

_____ **Renewal Volunteer Application**

**VOLUNTEER PARTICIPATION AGREEMENT
AND ACKNOWLEDGEMENT OF RISKS**

Please read the statements carefully and sign in the space provided below.

I _____ in consideration of my being permitted to participate in the
<Name of volunteer (print legibly)>

<Enter brief description of activity>

volunteer activity in Dr. _____'s
research group in the **Department of Chemistry and Biochemistry** over the time period from

_____ to _____
<Enter time period or dates involved. End date must be no later than May 15 of academic year.> _____
Number of hours per week

I understand that there may be risks inherent in the volunteer work in which I will be participating. I acknowledge and assume these risks and accept that my participation may result in losses or personal injury. I also acknowledge and assume monetary responsibility for any such losses or personal injury.

Further, I agree now and forever to waive, release, hold harmless, defend, indemnify, and discharge the University of South Carolina, employees, servants, agents, officers, trustees, and other affiliated persons or entities from any and all claims, injuries, causes, actions, liability, demands, losses, legal or equitable, of any kind whatsoever, known or unknown, foreseen or unforeseen, including all legal fees and expenses, to include attorney's fees and court costs, arising out of, or in any way related any loss or damage to property, injury, illness, disease, loss of services, medical bills, charges, or otherwise, including Death, which may arise out of, or in any way be related to, my volunteer activities.

I agree and understand that as a volunteer with the University of South Carolina, I am not covered under the State Workers Compensation Act, nor does the University provide medical or health insurance coverage for me. As a result, if I am injured while serving as a volunteer, I cannot be compensated or reimbursed for medical expenses incurred through the State Workers Compensation Fund. Because of this, I may wish to consider securing adequate health and accident insurance to cover myself while performing my duties as a volunteer. I agree to be personally and completely liable for any expenses including, but not limited to, medical or health care expenses for medical treatment, illness, or condition, incurred for or on my behalf. I consent and give the University and any others associated with the University my permission, in case of accident or injury, to administer standard First Aid and to arrange for transportation to a medical facility.

If the volunteer activity involves the use of chemicals, I agree to complete University-sponsored Chemical Laboratory Safety training program before starting the activity. If the activity involves generation of hazardous waste, I also agree to complete University-sponsored Hazardous Waste training. I further agree to advise my sponsor in the Department of Chemistry and Biochemistry of any situation or condition that may be a potential hazard or risk to me or to others.

I also agree that I will serve as a volunteer with the University of South Carolina without monetary compensation and recognize that the University of South Carolina is not required to provide any specific material support, space, or funding for my volunteer activity.

Initials of volunteer: _____

I will abide by all the rules, regulations of the University of South Carolina. If I do not abide by these rules, I may be required to discontinue my activity as a volunteer.

A background check is required if you are not a current student enrolled in a course at the University of South Carolina (USC) or another institution of higher education and you will not be working with money, confidential information or minors.

Please check the appropriate box.

- a. I am a current student and will **not** be working with money, confidential information or minors.
- b. I am a current student and will be working with money, confidential information or minors.
- c. I am **not** a current student.**

**If line b or c is checked, you must complete an *Acknowledgement and Authorization for Background Check* form and attach to this form.

http://www.sc.edu/about/offices_and_divisions/human_resources/docs/authorization_background_check.pdf.

Department/Fund Number (will only use if a background check has to be performed)

I certify that I am 18 years of age or older.

Date: _____

Signature of Department sponsor:
(Must be tenure-track faculty member)

Signature of volunteer: _____

Print name: _____

Print name: _____

Date: _____

Please turn in this signed form to the Department of Chemistry and Biochemistry Chair's Office in the John M. Palms Center for Graduate Science Research, GSRC 113I. Approval for volunteer activities is contingent upon the completion of a satisfactory criminal background check and the submission of this form *before* the activity commences and must be *renewed* by a new form submission at the start of the summer session (May 16.)

Background Check Authorization

Agreement

Please submit this signed form to Margie Hammonds, Employment Office, through the secure fax line 803-777-5589.

As a condition of my candidacy for employment or in connection with a student, volunteer or affiliate capacity with the University of South Carolina, I understand that the University will conduct a background check screening about me for employment purposes or for student/volunteer/employment placement purposes. The information will not be used for other purposes.

By signing this Authorization, I hereby authorize the University to obtain consumer credit reports and/or investigative consumer reports about me. I understand and acknowledge that this Authorization allows the University and GIS, or any other company authorized by the University, to contact any and all corporations, companies, entities, or organizations, including, but not limited to, my current and former employers, consumer reporting agencies, credit agencies, education institutions, law enforcement agencies, city, state, county, and federal courts and agencies, and military services, and I authorize any and all persons and entities contacted to release information about my background, including, but not limited to, information about my employment, address history, professional licenses and credentials, lawsuit history, social security number validation, education, consumer credit history, driving record, criminal record, general public records' history and any other public or private information sources. Some government agencies and other information sources require date of birth, social security number, driver's license number and state when checking for records.

I understand that before taking any adverse action based in whole or in part on the report, the University of South Carolina's Recruitment and Employment Office shall provide me a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act (FCRA). The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is available in [English](#) and [Spanish](#). You may also contact the Recruitment and Employment Office to request a copy of the report.

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS/EMPLOYEES ONLY: Check here to receive a free copy of any requested Consumer Report, Investigative Consumer Report or Credit Report on you.

NEW YORK: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

To be completed by candidate. Please print clearly. Any information that is not legible will cause delay.

Last Name:		First Name:		Middle Name:	
Social Security Number:			Former/Other Names Used:		
Sex:	Race:	Date of Birth: (mm/dd/yyyy)	Driver's License Number and State:		
Name as it Appears on License:				Phone Number:	

Email Address:

Please provide all addresses where you have lived for the past seven years. Use the back of this form if you need more room.

Current:					
Full Street Address	Apt.#	City/State	Zip Code	Month/Year	
Former:					
Full Street Address	Apt.#	City/State	Zip Code	Month/Year	
Former:					
Full Street Address	Apt.#	City/State	Zip Code	Month/Year	
<input type="checkbox"/> Check here if additional addresses are on the back or attached.		<input type="checkbox"/> May we contact your current employer?		Yes	No

I represent to the best of my knowledge that all information provided above is accurate, true and correct, and that I fully understand the terms of this Authorization. I have read, and comprehend this form and hereby authorize, any person, company or other entity contacted by General Information Systems (GIS) or the University of South Carolina, to provide the information stated above. If I am hired, this Authorization shall remain in effect for the length of my employment. I agree that a fax, photocopy or electronic copy of this Authorization with my signature will be accepted with the same authority as the original. I have signed a separate disclosure document that a consumer report may be obtained for employment purposes.

Signature:	Print Name:	Date:
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Background Check Disclosure Form

Agreement

The University of South Carolina conducts background screenings on faculty/staff as a condition of employment or in connection with student, volunteer or affiliate capacity here on campus. The screenings are conducted by General Information Systems (GIS), an outside agency, in accordance with applicable federal and state laws, including the Fair Credit Reporting Act (FCRA). The University may obtain a consumer credit report and/or an investigative consumer report on you from GIS for employment purposes as an applicant or during the course of employment.

1. The report consists of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning driving record, civil and criminal court records, credit, education, credentials, professional licenses, identity, past addresses, social security number, previous employment and personal references. **The timeframe of the report will list the criminal history since the age of 18.**
2. The report may also include reference checks from former employers, co-workers or references. Any past employment reference check is limited to job related information. These are known as an “investigative consumer report.” This type of report is legally defined as a report based upon interviews that may contain information relating to your character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact The University of South Carolina’s Recruitment and Employment Office at 803-777-3821 or visit their office, located at 1600 Hampton Street, Ste. 117, Columbia, South Carolina 29208. You may also contact our consumer reporting agency, General Information Services, Inc. (GIS) directly at 866-265-4917. GIS’ mailing address is P.O. Box 353, Chapin, South Carolina 29036. For information about GIS’ privacy practices, please visit [their website](#).
3. In using a report for employment purposes, before taking any adverse action based in whole or in part on the report, the University of South Carolina’s Recruitment and Employment Office shall provide to you a copy of the report and a description in writing of your rights under FCRA. The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is available in [English](#) and [Spanish](#). You may also contact the Recruitment and Employment Office to request a copy of the report.
4. **California Provisions:** In California, any report concerning a consumer's character, general reputation, personal characteristics or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights: you have the right to inspect GIS's files during normal business hours and on reasonable notice; the inspection may be in person, by certified mail, or by telephone if the individuals shows proper identification and pays for any copying or toll charges; the consumer/applicant/employee may be accompanied by one other person who must show proper identification; and trained GIS personnel will explain any of the information in the report and will provide written explanation for any coded information.

Signature:

Print Name:

Date: