

MINOR

Proposal for an Educational Assignment in a Laboratory or Other Research Activity

Assignment proposals must be submitted to Human Resources (HR) at least two weeks before the beginning of the assignment. Completed forms should be sent to elrelations@uchicago.edu. Under the University's Minors in Laboratories Policy (U610), a Minor is anyone who is less than 18 years of age. The minimum age requirement for employment is 16, but under the Policy, Minors ages 14-17 may participate in an educational assignment in a laboratory if approved under this process. The sponsoring supervisor or principal investigator under whom the Minor will learn should complete pages 1-5 of this application form. Pages 6-7 of this application should be completed by the minor and legal guardian.

Assignment Type (check one):	
<input type="checkbox"/>	Unpaid individual Educational Assignment (no stipend)
<input type="checkbox"/>	Paid individual Educational Assignment (with stipend)*
<input type="checkbox"/>	Fellowship
<input type="checkbox"/>	Research Experience for Undergraduates (REU)
<input type="checkbox"/>	Field Trip (Group)

*Educational Assignments are generally intended to be educational and are not paid. Educational Assignments are only to be paid if the participant is a UChicago student (stipend process is in place) or as part of a specifically funded program (which should also have payment processes in place).

Assignment Description:	
<input type="checkbox"/>	Hands-on activities (manipulating reagents or materials)
<input type="checkbox"/>	Research
<input type="checkbox"/>	Operational Support
<input type="checkbox"/>	Observation of daily operations only
<input type="checkbox"/>	Tour of facility of department

Indicate type of environment where assignment will be held:	
<input type="checkbox"/>	Wet lab (e.g. where hazardous chemicals or biological materials are stored or manipulated)
<input type="checkbox"/>	Dry lab (e.g. computer lab)
<input type="checkbox"/>	Workshop/machine shop (e.g. shop where potentially hazardous equipment is operated)
<input type="checkbox"/>	Studio (e.g. art studio)
<input type="checkbox"/>	Outdoors/in the field
<input type="checkbox"/>	Office Environment

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Assignee Information:								
Name								
DOB		Today's date						
Email								
Mailing Address								
Phone								
Name(s) of Parent(s) or Guardian(s)								
Current level of enrollment	High School		Bachelor's		Master's		Doctorate	
If none of the above, explain:								
Anticipated start date:								
Anticipated end date:								
Source school/institution (where you are coming from):								
Current UChicago student?	Yes		No		Is this EA part of a Group?			
Name of program this EA is for:								

UChicago Department & Supervisor Information:			
Principal Investigator			
Email:		Phone:	
Supervisor Name			
Email:		Phone:	
Supervisor role/title:			
Department:			
Division:			
Assignment location:			
Dept. Administrator		Email:	
HR Partner		Email:	

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Description of Activities: If person will be learning in a laboratory or other research setting/activity, please provide a detailed description of the educational activity below. How will these activities contribute to his/her education? Be sure to list any hazardous chemicals, biological agents or materials, or potentially hazardous equipment that this person may handle or come into contact with throughout their assignment and describe the nature of the supervision that will be provided. Attach additional pages as needed:

How are the activities similar to or different from paid work done by employees?

If EA was not doing the tasks, would it be done by a paid employee?

What is the benefit to the PI and or unit?

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Hazard Assessment:	YES	NO
Are hazardous chemicals present where the assignment will be held? If yes, will the hazardous chemicals be handled by the Volunteer?		
Are any accessible class 3b or 4 lasers present where the assignment will be held (this only applies to enclosed systems, e.g. confocal microscopes, if you plan on defeating interlocks for beam access at any point)? If yes, will the lasers be operated by the Volunteer?		
Are pathogenic microorganisms present where the assignment will be held? If yes, will the pathogenic microorganisms be handled by the Volunteer?		
Will any human-derived material (e.g. blood, tissues) be present where the assignment will be held? If yes, will these human-derived materials be handled by the Volunteer?		
Will there be any radioactive materials present where the assignment will be held? If yes, will the radioactive materials be handled by the Volunteer?		
Will there be any animals present where the assignment will be held? Will animals be handled by the individual?		
Will the individual have access to HIPAA, PHI or any other confidential/sensitive information? (If "Yes", HR Partner must verify the individual will timely receive HIPAA training) Will the individual be interacting with patients?		
Are any protocols (IBC/IACUC/Radiation) associated with the project the Volunteer will be working on? If yes, indicate IBC, IACUC or Radiation Safety Committee and give the protocol number:		
Protocol Number:		

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Supervisor's Acknowledgement

I AGREE TO SPONSOR (insert name) _____, AND BY MY SIGNATURE BELOW, WILL ENSURE THAT:

- This safety training appropriate to the educational assignment has been completed and documented.
- Personal protective equipment appropriate for, and specific to, hazardous activity will be used.
- This individual will be directly supervised at all times while in the laboratory by the on-site supervisor.
- My laboratory is in full compliance with all University of Chicago safety programs.

Please note, all proposals must be sent to elrelation@uchicago.edu to initiate the process and obtain Human Resources approval first. Additional approvals may be required:

- Approval is required by the Office of Research Safety (ORS) if minors will enter areas where lab-based activities occur (i.e., academic/teaching labs and research labs with chemical, biological, radiological, and/or other physical hazards are present).
- Environmental Health and Safety (EHS) will review activities which are not related to lab-based activities but include hazards (i.e., wood shops, art/theater shops, maintenance shops, and fabrication labs not directly associated with a PI/research).
- All activities involving minors on campus should be reviewed by Risk Management.

Principal Investigator/Supervisor (print)

Principal Investigator/Supervisor (signature) Date

Dept. Chair or designee (e.g. HRP/Dept. Adm-print)

Department Chair or designee (signature) Date

Employee & Labor Relations (ELR) (print)

ELR (signature) Date

Authorizing Office (ORS/EHS) (print)

Authorizing Office (signature) Date

Authorizing Office (Risk) (print)

Authorizing Office (signature) Date

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Emergency Contact Information

1. Name: _____ Relation to assignee: _____

Home Address: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Employer (if applicable): _____ Work Phone: _____

Employer Address (if applicable): _____

2. Name: _____ Relation to assignee: _____

Home Address: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Employer (if applicable): _____ Work Phone: _____

Employer Address (if applicable): _____

Insurance Information:

Insurance Carrier: _____ Carrier Group Number: _____

Policy Holder's Name: _____ Policy Holder's ID# _____

If applicable, Insurance Carrier pre-certification telephone number: _____

Address for claim submission: _____

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University of Chicago's Approach to Minors Engaged in Educational Assignments

All educational experiences for Minors in laboratories or activities in other potentially hazardous environments are reviewed by the University of Chicago Office of Environmental Health & Safety and/or the Office of Research Safety to determine that the assignment is appropriate for a Minor student, that appropriate safety precautions are in place, and all training requirements are identified and completed before the educational activities begin.

The University of Chicago provides safety training to all personnel who may work with or be in the vicinity of potentially hazardous materials. Your child will be required to attend laboratory safety training and may also be required to attend additional training sessions, depending on the nature of his or her particular assignment. If you have further questions on these topics, please contact the supervisor, the department administrator or the HR Partner with any questions.

Assumption of Risk and Release of Liability

This document is a legal agreement between you, for yourself and your minor child, and University of Chicago, on behalf of itself, its subsidiaries, affiliates (including but not limited to the University of Chicago Medical Center), and all of their collective past and present trustees, directors, offices, employees and agents ("the University"). I, _____, acknowledge that I freely and voluntarily have agreed to allow my minor child/ward, _____ ("Minor") to participate in _____ ("Program"), an educational opportunity organized and hosted by the University. In exchange for the opportunity to participate in the Program, I agree, on behalf of myself and my Minor, to the following:

1. General Waiver and Release of Liability

I understand that my Minor's participation in the Program may involve risks of injury including death. Except to the extent caused by the sole negligence of the University, my Minor and I hereby release, waive and discharge the University from any and all liability, claim, damages and losses that my Minor and/or his/her property experience arising out of or in connection with the Program, including, without limitation, any personal injury or death.

2. Medical Certification and Treatment

I certify that my Minor does not have any medical condition, allergy or other special dietary need that might subject him or her to injury as a result of participation in the Program. I understand that the University does not provide health insurance for my Minor. I therefore certify that I, or my insurance, will be responsible for the costs of medical services that might be necessary due to accidents, illnesses or injuries my Minor may experience while participating in the Program.

3. Assumption of Risk

I recognize that there may be unavoidable and unforeseeable risks involved in my Minor's participation in any program, including personal injury or death. I further agree that my Minor's participation in any activity will be at my or his/her own discretion and judgment. I recognize that my Minor will be participating in activities in a working research laboratory. I voluntarily assume the risk of injury or harm to my Minor or his/her property during his/her participation in this Program. I understand that the University is not responsible for the acts or omissions of any third party.

4. Knowledge of Risks

I accept responsibility for informing myself of the potential risks associated with the activities involved in the Program. It is my express intent that this Acceptance of Risk Agreement shall bind my Minor and other members of my family, my heirs and assigns. I agree that this agreement shall be construed in accordance with the laws of the State of Illinois. I have read, fully understand and agree to all of the foregoing.

Parent or Guardian (Please print): _____

Signature _____ Date _____