

## Work Activity Form

### Minors Performing Research Activities

Revision Date: 3/14/2023

**Applies To:** Supervisors/Principle Investigators, Lab Directors/Department Heads working with minors.

#### Minor's Information

Last Name	First Name	Middle Initial
Current Address	City/State	Zip Code
Cell Phone	Email Address	Home Phone
Date of Birth		

#### Emergency Contact Information

Parent/Guardian Name(s)
Parent/Guardian Primary Phone Number(s)
Parent/Guardian Email
Emergency Contact Person's Name (Other than parent/guardian)
Relationship to Volunteer
Phone Number
Email

#### Placement Information

Supervisor/Department Head	Department Head's Email
Department	
*Direct Supervisor (Responsible Person) Required	Supervisor's Email Address
Work Location	Phone

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## Description of Volunteer Duties

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The hosting lab is to complete this section. Try to be as detailed as possible. Include all tasks.

*Incomplete Information Example - Mary will be performing molecular experiments with yeast.*

*Detailed Example - Mary will be performing protein analysis using *Saccharomyces cerevisiae* via Cell Lysis with CellYti Y Reagent (Sigma Catalog C4482).*

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## Please Check the Following as Applicable to Job to be Performed

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|--|--|
| <input type="checkbox"/> Biological Materials BSL1 only (BSL2 as designated by the IBC is not allowed) | List Agent(s) and Biosafety Level:                                       |
| <input type="checkbox"/> Animal Use  | Complete all ACUP Requirements for Animal Handlers                       |
| <input type="checkbox"/> Radioisotope/Radiation-Producing Equipment Use                                | List Materials/Equipment to be Used                                      |
| <input type="checkbox"/> Chemical use (Must not have a Signal Word of "Danger" <sup>1</sup> )          | List Chemicals to be Used (or attach a list)                             |
| <input type="checkbox"/> Equipment Use   | List Type of Equipment with Potential Hazard (Pipette, Centrifuge, etc.) |

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Appointment Dates	From	_____	To	_____
		(MM/DD/YY)		(MM/DD/YY)
Schedule (If known)	Days	_____	Hours	_____
		(e.g. M-W-F)		(e.g. 9 am—5 pm)

<sup>1</sup><https://www.osha.gov/sites/default/files/publications/OSHA3492QuickCardLabel.pdf>