

## Work Activity Form

### Minors Performing Research and Academic Activities

Revision Date: 09/04/2024

**Applies To:** All research, academic, and service units involved in operations involving minors. This does not apply to minors enrolled as U-M students.

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#### Minor's Information

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Last Name

First Name

Middle Initial

Cell Phone

Email Address (required)

Date of Birth

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#### Emergency Contact Information

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Parent/Guardian Name(s)

Parent/Guardian Primary Phone Number(s)

Parent/Guardian Email (required)

Emergency Contact Person's Name (Other than parent/guardian)

Relationship to Volunteer

Phone Number

Email

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#### Placement Information

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Numbers 1 and 2 may not be the same person.

1. Laboratory (PI)/Shop/Studio Director

Email

Department

2. Responsible Person (Required)

Email

Work Location (Building and Room)

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## Description of Volunteer Duties

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The hosting lab/shop/studio 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>