**Disability Studies 5191: Disabilities Internship Course**

- Work with TOPS Students as educational coaches or mentors
- Covers topics such as employment, academic study skills, and other “hot topics” in Disability Studies
- Earn up to 3 credit hours as an Educational Coach or Mentor

**Educational Coaches**

- Provide academic support to increase comprehension and organization of TOPS students
- Encourage TOPS students to participate in class activities
- Provide social skill instruction when needed
- Time Commitment: 3 – 9 hours per week to attend one class with TOPS students and complete related meetings/trainings

**Mentors**

- Support college-age students with IDD enrolled in TOPS
- Support students in acquiring skills needed to be successful in college and life.
- Participate in recreation and leisure activities with students
- Time Commitment: 3 – 9 hours per week

**Application Process**

- Complete and submit Adult Volunteer Application, Resume and weekly availability to Shannon Prince
- Gain background check following OSUMC procedures
- Enroll in DS 5191
- Complete training

For more information, please contact Shannon.Prince@osumc.edu

Program Assistant at 614-685-3185

Application can be faxed to 614-366-6373 or visit http://nisonger.osu.edu/specialed-transition
Volunteer: Return this form, with resume, including two references, and the times you are available on a weekly basis for your service learning to Shannon Prince, 257 McCampbell Hall, 1581 Dodd Drive, 614-685-3185; fax – 614-366-6373; pdf – Shannon.prince@osumc.edu

Application Date: ______________ Name of PI: Margo Vreeburg-Izzo, Ph. D.

Department Where Planning to Volunteer: Nisonger Center Transition Department

Dr. Mr. Mrs. Ms. Miss (Circle)

Name: ______________________________________________________________________ (Please Print)

Last    First    Middle

Date of birth: ___/___/____ Male ___ Female ___

Address: ___________________________________________________________________

Street    City    State    Zip Code

Phone: (Home/Cell) ____________ (Office) _____________ E-mail ____________________

How long have you been a resident of Ohio? ________________

Occupation: ______________________ Name of Employer/College: ____________________

Employer’s/College’s address: ___________________________________________________

Citizen/Permanent Resident    Yes____ No____ Nationality____________________________

Visa Type (if applicable) _______________________________________________________

Emergency Contact:_____________________________________________________________

Name                             Address

Phone Number: ________________________ Relationship____________________________

Family Physician: _____________________________________________________________

Name                                              Phone Number

High School: _______________________________ Date of graduation: ________________

Name of college (if applicable):_____________________ Location: _____________________

Degree(s)/Major: ______________________ Date of graduation (if applicable): ___________

Please indicate your service learning preference (ed coaching, mentoring):___________________

Have you ever been convicted of a criminal offense? ___ yes   ___ no

If yes, you must provide details. A conviction will not necessarily bar you from volunteer service.

Please use this space to describe the offense (add more pages, if necessary): _____________________________

_________________________________________________________________________________
REQUIREMENTS FOR ADULT VOLUNTEERS

1. **Age**: Adult Volunteers must be at least 18 years of age.

2. **Application**: All prospective Adult Volunteers must submit this application to the HR Professional at the academic department office. Submitting the application does not assure placement. The choice of applicants is determined on the basis of personal qualifications and traits as judged by the Principal Investigator and departmental Chair.

3. **References**: Volunteers must supply names and contact information of two personal references that they have known for at least 2 years (not relatives).

4. **Background Check**: All volunteers must successfully pass background check (through electronic fingerprinting in ID Processing) prior to starting their assignment.

5. **Letter of welcome**: The departmental Chair or Department Administrator should write a letter welcoming the applicant to department and outlining his/her position description, and: the name of the Principal Investigator, a brief description of the research project, the techniques used, hours of work, duration of assignment potential workplace hazards, a statement that the volunteer will be supervised daily by the PI or Evette Simmons-Reed, Program Manager.

6. **Safety Training**: All volunteers are required to take the same safety training classes required of regular laboratory employees. Classes should be completed in the Computer Based Learning (CBL) system by the start date or no later than one week post-start date. To obtain access to CBL, a request for volunteer’s medical center account (e.g. JOHN99) must be submitted first, through the Service Now site. The form is called Non Hospital Employees Account Request. Once the non hospital employee account is created, the CBL account will be created within 48 hours. Those who do not need computer access, are required to complete the Confidentiality Education Form.

7. **Biosafety**: Volunteers and visiting scientists may not work in BSL 3 facilities, unless an agreement is made with the Institutional Biosafety Officer and background checks are completed.

8. **Keys**: University keys and door codes may not be issued to volunteers. Visiting Scientists may be issued keys if requested by the Principal Investigator and Department Chair.

9. **OSUMC ID Badges** are required for Adult Volunteers. They must first pass their background check through fingerprinting with ID Processing in order to be issued an ID badge (or given computer access).

10. **Health**: Adult Volunteers are expected to be in good physical and mental health. He/she must have appropriate health exams and vaccinations before entering the research area/laboratory. Proof of health insurance and current tetanus and Hepatitis B vaccinations are required; a recent tuberculin (TB) test also may be required. The applicant’s private physician or the Health Department can provide these records/services. If vaccinations/tests and other medical treatment are obtained at OSUMC, the volunteer will be responsible for payment.

11. **Uniform**: Personal Protective Equipment: Adult Volunteers/unpaid visiting scientists must, when appropriate, wear a full-length lab coat or any other personal protective equipment (PPE) provided by the PI. High heeled shoes, open toe shoes or sandals, or shorts are not recommended to be worn in the laboratory. Clothing should completely cover the torso (no bare midriffs).

**Compensation**: The Volunteer understands and agrees that the relationship between the Volunteer and OSU is not that of employer and employee, that he/she shall have no authority to bind or act on behalf of OSU, that he/she is not entitled to receive compensation as a result his/her activities at OSU, and that he/she is not entitled to any sick leave, vacation pay, retirement benefits, social security, disability benefits, unemployment benefits, workers compensation benefits or any other benefits that OSU provides for its employees.
**Intellectual Property:** In the course of his/her work with the Principal Investigator, Professor Margo Vreeburg-Izzo, the Volunteer may acquire information that is the intellectual property of OSU. This intellectual property may consist of unpublished results, know-how, non-patentable information, patentable or other written or orally transmitted information. The Volunteer agrees that no information acquired by the Volunteer during his/her tenure at OSU will be transmitted by the Participant in any form to any third party.

**Patents:** In the event that discoveries result from the Volunteer's efforts at OSU, such discoveries and any resulting know-how, patent application or patent will be the property of OSU. Furthermore, OSU will be the owners of all intellectual property generated by the Volunteer during his/her tenure at OSU. This will include, but will not be limited to, know-how, patents, original data, computer programs and records of work. The timing, extent and content of all publications regarding the results of the activities under this Agreement shall be at the discretion of OSU and the Principal Investigator.

I understand that my placement as a volunteer in a research laboratory in The College of Medicine/Office of Health Sciences/OSUMC will be mutually probationary and that it can be revoked at any time.

I also understand that The Ohio State University is not responsible for required vaccinations/tests, illness or injury, or for payment to a physician or emergency department encountered during my volunteer service.

The applicant agrees to hold OSU, their Regents, officers, agents and employees, harmless from any loss, claim, damage, or liability of any kind involving the Volunteer arising out of, or in, connection with this Agreement, except to the extent that it is directly due to the negligent acts or omissions of any of the Regents, officers, employees or agents of OSU.

I have read the above requirements, understand them, and wish to apply to be a Non-Affiliated Adult Volunteer.

Applicant's signature: ___________________________ Date: ______________

Printed Name: ___________________________

**Volunteer:** Please return to Shannon Prince, 257 McCampbell Hall, 1581 Dodd Drive, 614-685-3185; Fax – 614-366-6373; Shannon.prince@osumc.edu

- this signed application form
- resume, including two complete references
- times you are available on a weekly basis for your service learning