

# **SOP—Museum of Southwestern Biology Volunteer Procedures**

<b>Museum of SW Biology</b>	<b>Policy and Procedures</b>
SOP—Museum of SW Biology Volunteer Procedures	Document ID:
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## **Purpose**

The purpose of this document is to identify Museum processes for the use of volunteers in the Museum of Southwestern Biology (MSB) procedures.

## **Guideline**

This guideline applies to employees and individuals associated with the MSB who are requesting the use of volunteers in the MSB

## **Definitions**

A volunteer is any person who wishes to participate in a project, activity, or activities for the MSB in an unpaid status and under the guidance of a member of the MSB (hereafter, this individual is referred to as the supervisor). Volunteers can be UNM students, high school students,

alumni, donors, members of the community, visitors to New Mexico, educators, retirees, and/or any others not listed.

Volunteers are usually of short-term duration, however may be allowed to participate in long range projects agreed between the volunteer and the supervisor.

## Controls

The Museum will require all volunteers to register through the Main Office and each person will be listed in a database describing the person or project with whom they are volunteering. A fully completed Assumption of Risk and Consent form will serve as the registration for each volunteer. (The form is attached at the end of this SOP.) It is the responsibility of each volunteer to re-register with the Museum if their duration is longer than a year, in order that new insurance can be purchased. Volunteers will need to continue to register for each year thereafter.

Processing of the Assumption of Risk and Consent form through the Museum will ensure that each volunteer is covered for up to one year with accident insurance. Volunteers under the age of 18 who are not emancipated must have a parent or legal guardian sign the Assumption of Risk and Consent form giving permission for the volunteer to work. Additionally, volunteers will be asked to supply their date of birth to obtain volunteer insurance via the Office of Safety and Risk Services.

Upon return of the Assumption of Risk and Consent form to the Museum Main Office, the Museum Administrator will request volunteer insurance for the individual that is volunteering. The insurance will be requested no later than 48 hours upon return of the form. The supervisor will be responsible for ensuring that the form is completed. The supervisor is responsible for paying the volunteer insurance by providing a Banner index code; alternatively those supervisors lacking funds can make a request to the Museum Director to cover the cost of the volunteer insurance.

No volunteer will be allowed to begin work in any voluntary capacity until the Assumption of Risk and Consent form has been completed and returned to the Main Office and the volunteer insurance has been requested. Volunteers will be assigned duties by their supervisor.

## **Responsibilities**

The MSB is responsible to offer as safe a volunteer environment as possible, understanding that there are few controls once outside the direct confines of the buildings and classrooms of the MSB.

All MSB faculty and researchers are responsible for due diligence to ensure that safety precautions are adhered to both in the laboratory and in the field.

Since the Assumption of Risk form contains personal information and may also contain medical information, the MSB will keep all of the information on the Assumption of Risk form in a confidential and secure location.

## **Prerequisites and Required Items**

There are no prerequisites for the volunteers other than those required by the supervisor with whom the person is volunteering.

The only required items are: (1) registration with the main office as an official volunteer with (2) a completed Assumption of Risk and Consent form, and (3) a request made by the MSB on the behalf of the volunteer to Safety and Risk Management Services for volunteer insurance.

**Volunteer Risk Form:****ASSUMPTION OF RISK AND INFORMED CONSENT FORM**

I, \_\_\_\_\_, the undersigned Participant, desire to volunteer at the University of New Mexico, Museum of Southwestern Biology, CERIA. In consideration for being permitted to participate and volunteer for the (name of specific project) \_\_\_\_\_ in the Museum of Southwestern Biology, I hereby agree to and represent the following:

- 1) I acknowledge that I am volunteering and expect no monetary compensation unless I am officially hired as an employee of the University of New Mexico.
- 2) I acknowledge that there are risks and dangers associated with volunteering and that all risk cannot be prevented. The risks and hazards of this volunteer work, which can result in injury to me, death and property damage include, but may not be limited to foreseeable and unforeseeable dangers presented working on a campus or off site in the field.
- 3) Knowing the risks and hazards described above, I voluntarily accept them and agree that any claim that I may have now or in the future against UNM, its officers, employees or agents, whether in contract or tort, arising out of my participation in any program, laboratory, or field research project, wherever such claim arises, shall be governed by the law of the State of New Mexico, including the New Mexico Tort Claims Act, Section 41-4-1 et seq., NMSA 1978, as amended. I understand that the New Mexico Tort Claims Act imposes limits and restrictions upon civil lawsuits against UNM and its employees.
- 4) I acknowledge that UNM does not provide medical insurance for volunteer participants. I agree to be financially responsible for any medical bills incurred as a result of any medical services that I receive. The University of New Mexico offers a group accident insurance policy for field trip participants. I acknowledge that either my supervisor or the Museum of Southwestern Biology will purchase this insurance coverage through the UNM Risk Management Office in Albuquerque; if I have additional questions I may contact that office at 277-9790.
- 5) I represent that I am physically able, with or without accommodation, to participate in the project and am able to use necessary equipment and/or supplies.
- 6) Should I require emergency medical treatment as a result of accident or illness arising during the volunteer work, I consent to such treatment. I understand that the supervisors may not have up to date emergency medical training and that in an emergency, those in charge will use their best efforts to protect my well-being and safety. I will notify the employer, professor, or researcher leading the project in

advance in writing if I have a medical condition about which emergency personnel should be informed.

7) I hereby provide the following emergency contact information:

Name of emergency contact and phone: \_\_\_\_\_

Health insurance company and policy number: \_\_\_\_\_

Severe allergies or other medical condition: \_\_\_\_\_

8) I understand that the UNM Code of Conduct applies to me during the volunteer time. I understand that UNM has the right to enforce the Code of Conduct and that sanctions may be imposed for violations, up to and including dismissal from UNM.

I have carefully read this form before signing it. No representations, statements or inducements, oral or written, apart from the foregoing written statement, have been made. The laws of the State of New Mexico shall govern this agreement, and New Mexico shall be the forum for any lawsuits filed under or incident to this form or to the Field Trip.

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Signature of Participant

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Printed Name

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Date

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Signature of parent or guardian  
(if Participant is under 18 years of age)

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Name of Person Volunteering Under

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Name of Project, Program, or Research