**Sample Draft letter to Student Volunteer’s and/or Independent Research Students’ Parent(s)**

Date

Mr. & Mrs. John Doe

address

Dear Mr. & Mrs. Doe:

Your son/daughter has requested the opportunity to volunteer and/or perform independent research in a \_\_\_\_\_\_\_\_\_\_\_ laboratory at the University of Wisconsin-Milwaukee (UWM). We appreciate his/her willingness and your support and approval of his/her volunteer and/or research activities and services. In short, we are excited about this opportunity and anticipate \_\_\_\_\_\_’s activity to be mutually beneficial.

This letter is to confirm \_\_\_\_\_\_’s service as a volunteer in the \_\_\_\_\_\_\_\_ laboratory in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at UWM. \_\_\_\_\_\_\_\_’s activities as a volunteer will begin on or about \_\_\_\_\_\_\_\_\_\_\_\_ and continue until no later than \_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_, yourselves or UWM have the right to terminate this arrangement at any time.

During \_\_\_\_\_\_’s time with our department he/she will be . . . (Describe the activity here and any potential for exposure to hazardous materials).

\_\_\_\_\_\_\_\_\_\_\_\_\_, a graduate student (or whoever else will provide supervision) in the \_\_\_\_\_\_\_ Department, and I will be providing supervision to \_\_\_\_\_\_\_\_. Supervision will be provided initially by explaining the procedures and then guiding him/her through the procedure the first time. Follow-up supervision will be provided to assure that \_\_\_\_\_ has acquired and continues to demonstrate the skill necessary to safely complete the procedures. \_\_\_\_\_\_\_ will be provided with written explanations of all procedures. Safety considerations for all work will be spelled out. A supervisor will be in close proximity at all times. UWM will provide \_\_\_\_\_\_\_\_, at no cost, appropriate personal protective equipment (i.e. lab coat, protective eyewear, gloves etc.). As a condition of continued service, \_\_\_\_\_is required to use proper personal protective equipment (PPE) and continually follow all established safety procedures.

*THE FOLLOWING PARAGRAPH SHOULD ONLY BE USED FOR VOLUNTEERS*

\_\_\_\_\_\_’s volunteer status qualifies him/her for extension of the professional liability coverage provided to agents of the University of Wisconsin System so long as he/she performs his/her duties within the scope of the description provided above.

As volunteers and independent student researchers are not covered by the State’s worker compensation program, you are encouraged to maintain health insurance for \_\_\_\_\_\_.

In accordance with Wisconsin Administrative Code DWD 270.18(1) the UWM is required to obtain the written consent of the minor’s parent. It is also University policy to require individuals to assume all risks and release the institution prior to voluntarily engaging in potentially risky activities. Therefore, we have provided you two copies of a form entitled Confirmation of Assumption of Risk, Indemnification and Release, Consent for Emergency Treatment and Parental Consent relating to Volunteer Activities. I encourage you to review this document carefully. Please have \_\_\_\_\_ sign these documents and please sign them yourselves in the locations identified in the text and return it to me in the self-addressed and stamped envelope. Alternatively, you may have \_\_\_\_\_ return this form to me on his/her scheduled start date. Also enclosed is a photo release form that may be returned in the same envelope, if you wish to consent to the use of \_\_\_\_’s likeness by the University. We must receive these documents prior to commencement of this volunteer service.

If you have any questions about \_\_\_\_\_\_\_’s volunteer service and/or independent research within my laboratory, please do not hesitate to let me know. You may contact me at (414) 229-XXXX, or email me at

Again, we thank \_\_\_\_\_\_\_ for lending his/her time and expertise to the University of Wisconsin-Milwaukee and your support of this mutually beneficial opportunity.

Sincerely,

XYZ, Ph.D.

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_

enc. (3) Material Safety Data Sheets (list chemicals)

Consent and Release Form (2)

Self-Addressed and Stamped Envelope

cc: Department Chairperson

Risk Management Manager

Laboratory Safety Coordinator