

**Student Volunteer Activity - Application for Consideration of an Activity as:
*A Formal Experiential Training Activity that is Part of the Curriculum,
Organized and Conducted Under the Supervision of the School***

Date:

Form submitted by:

Name of event

Sponsor name

Date, time and location

Description of the event

Description of how the student's participation is part of the curriculum

UM School and Program whose students are participating

Number of UMB students participating

Minimum qualifications for UM students participating

Role and responsibility of UM students

Name and UM rank of personnel supervising UM students

Name/title of Sponsor personnel supervising event

If health care or other services may be provided, name of organization responsible for retaining patient/client records of services and incidents.

Organization(s) responsible for providing drugs, devices, materials, equipment or consumables that may be used or dispensed by students.

List items that may be used or dispensed by students:

Name and Title of UM person responsible for delivering to School the names of each UMB student, faculty and staff member who actually participated in the event.

I AM THE DEAN'S DESIGNEE FOR RISK MANAGEMENT ASSESSMENT OF STUDENT VOLUNTEER ACTIVITIES. I HAVE REVIEWED THE INFORMATION SUBMITTED AND HAVE DETERMINED THAT THIS EVENT:

DOES _____

DOES NOT _____

Qualify as "a formal experiential training activity that is part of the curriculum and is organized and conducted under the supervision of the school."

And the event

IS _____ Approved IS NOT _____ Approved

As an appropriate School program.

Signature

Date