

DEPARTMENT OF CHEMISTRY
POLICY – VOLUNTEER WORKERS

There are only two types of volunteer employees the department will accept:

HIGH SCHOOL VOLUNTEERS: These students are to be covered by a Student Employment Agreement issued under the Vancouver School Board. This agreement covers such things as parent/guardian authorization, medical/accident coverage, etc.

UNDERGRADUATE VOLUNTEERS: These students should not work for more than 12 hours/week, including any other paying UBC positions, in order to ensure adequate time for studies between September 1 – April 30. They may work up to 40 hours/week during summer months.

GUIDELINES:

- No volunteer may do CUPE 2950 (secretarial/clerical) or CUPE 116 (technician) work. A job description must be developed outlining the work to be done.
- There must be an appointment form filled out (main office).
- The Dept. requires a copy of documentation confirming current B.C. Medical coverage.
- The volunteer must complete an ‘Assumption of Risks’ form; all risks specific to the particular work environment should be added to the form.
- Volunteer student workers must apply for subsidiary insurance at \$4.00; this charge is the responsibility of the hiring faculty member and can be paid either from grant funds which allow this type of expense (not NSERC) or from the faculty member or volunteers personal funds.
- It is the research director’s responsibility to ensure the volunteer receives adequate orientation, training, and ongoing supervision.
- Volunteer must complete a Chemical Safety, Intro to Laboratory Safety, or WHMIS Training, and other relevant safety training. Completion of training must be documented and filed in the Employees file (with U/Grad Sec’ty) and safety training records must be kept in a Red Safety Training Folder with other safety training records for the group. If the volunteer does not have an existing CWL, the faculty member can create a guest CWL, at <https://it.ubc.ca/services/accounts-passwords/campus-wide-login-cwl/how-sponsor-guest>. A CWL is required to complete the required online training at <https://wpl.ubc.ca/>.
- Volunteer is not to work alone, and may work during daytime hours only.
- Dept. keys will not be issued to volunteers.
- A maximum of two volunteers per research group.
- Graduate students should not be expected to supervise volunteers.



VOLUNTEER ACCIDENT INSURANCE MEMORANDUM

Updated Feb 4, 2016

From time to time, queries are received concerning the coverage afforded by the University's various insurance policies to those who volunteer their services to UBC. Depending on the circumstances, the University may have at least a moral responsibility to reimburse a volunteer's medical expenses.

1. ACCIDENTS

An accidental death and dismemberment and medical reimbursement policy has been purchased for those who perform volunteer work for the University and who are involved in an accident while performing such work, provided the duties are approved and supervised by staff or faculty.

The insurance does not cover a person who is permitted to work or observe in UBC facilities if the principal benefit of such activity accrues to the individual and not to the University, e.g. a visitor whose principal reason for being at UBC is to gain experience in a particular field of study.

The indemnity paid for death and the maximum indemnity paid for dismemberment is \$25,000. Accident Reimbursement Expense is payable to a limit of \$10,000/accident and includes coverage, in excess of costs paid by B.C. Medical Services Plan or its equivalent, for any of the following services while under the care of a legally qualified physician or surgeon:

- i. Prescription drugs
- ii. Ambulance fees
- iii. Hospital charges in excess of standard ward accommodation
- iv. Physiotherapy services
- v. Chiropractor services
- vi. Private duty nurse (RN)
- vii. Crutches, splints, casts, trusses and braces

The policy coverage **EXCLUDES**:

- i. Physician/surgeon fees



- ii. Eyeglasses
- iii. Masseur services
- iv. X-rays, repair or replacement of pre-existing dentures, fillings or crowns
- v. Sickness or disease (either as cause or effect)
- vi. Anyone not covered by a Federal or Provincial Hospital or Medical Plan

Essentially, the basic BC Medical Plan or its equivalent from another province must be in place as the volunteer plan provides only a measure of excess medical coverage. Physician/surgeon fees are not covered by the plan, as BC Medical, or its equivalent, will pay these costs for claims within Canada.

The plan does not provide 24-hour coverage. It applies only during the involvement of the volunteer in voluntary work.

The cost of the insurance is \$4/year/volunteer, and collection of the premium from volunteer must be made by the Department. Upon collection of the premium, departments should submit to UBC Risk Management Services a journal voucher (with a completed debit line) together with a document listing the volunteer's complete name, age, type of volunteer work and department.

The commencement date for coverage will be the later of the required start date or the date on which the application is received by UBC Risk Management Services. Retroactive coverage is not available. Policy brochures can be viewed or printed directly from the UBC Risk Management Services website.

Volunteer performing volunteer work outside of Canada and those travelling in chartered (i.e. non-scheduled) aircraft are excluded from this basic plan, but can secure alternative coverage by contacting [Blossom Sobrinho](#) at 604-822-5874.

Claims should be reported to the insurer via [UBC Risk Management Services](#) as soon as practicable and not later than thirty (30) days after the date of the accident. Upon receipt of such notice the insurer will send the claimant a claim form.

2. LIABILITY TO THIRD PARTIES

Volunteers who perform services for UBC are protected by the University's liability insurance against claims by third parties, provided such claims result exclusively from the volunteer activities.

LAB VOLUNTEER - ASSUMPTION OF RISKS

I, _____, understand that voluntary participation in laboratory activities at the University of British Columbia, specifically in laboratories located in the Chemistry department, involves exposure to certain inherent risks, including potential injury resulting from close contact with chemicals and other related hazards. Furthermore, I freely assume these risks.

I also acknowledge that the University carries no personal property, medical or dental or any accident benefit or disability insurance on my behalf and that it is my sole responsibility to ensure that I maintain sufficient personal insurance coverage. I agree that any failure on my part to maintain adequate personal insurance shall impose no financial obligation on the University.

Additional risks specific to this particular work environment:

-
-
-
-
-

Date: _____

Signature: _____

Witness: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE IN THE EVENT OF INJURY**

PLEASE READ CAREFULLY

Initial

TO: THE UNIVERSITY OF BRITISH COLUMBIA, including its **Department of Chemistry**

ASSUMPTION OF RISKS

I am aware that **working and/or volunteering in the Chemistry department** involves many risks, dangers and hazards including, but not limited to: **[insert description of risks]**; negligence of other participants; and **NEGLIGENCE ON THE PART OF THE UNIVERSITY OF BRITISH COLUMBIA OR ITS EMPLOYEES INCLUDING THE FAILURE ON THE PART OF THE UNIVERSITY OF BRITISH COLUMBIA OR ITS EMPLOYEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE**. I am also aware that the risks, dangers and hazards referred to above exist within a variety of facilities whether on campus or off campus, including but not limited to: roadways, parking areas, shower rooms, hallways, stairs, elevators, change rooms, meeting rooms, eating areas, banquet rooms, fields, campus buildings and other facilities.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MY USE OF THE DEPARTMENT OF CHEMISTRY'S LABORATORIES AND FACILITIES AND/OR PARTICIPATING IN ANY VOLUNTEER ACTIVITIES, AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM. I am also aware that the **University of British Columbia** does not carry accident or medical or dental insurance on my behalf.

RELEASE OF LIABILITY, WAIVER OF CLAIMS

In consideration of **the University of British Columbia** allowing me to **use the Chemistry department's laboratories and/or participating in any volunteer activities** and permitting my use of its equipment, structures and other facilities, and for good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against **THE UNIVERSITY OF BRITISH COLUMBIA**, its Board of Governors, directors, officers, employees, agents and representatives, (all of whom are hereinafter collectively referred to as "THE RELEASEES") and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer, resulting from my use of **[insert name of facility]** and/or participating in any **[insert name of program or event]** **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, c. 337, ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;**

2. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction; and
3. Any litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

In entering into this Agreement I am not relying upon any oral or written representations or statements made by the Releasees with respect to the safety of **the Chemistry department and/or the volunteer activities** other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20__

Signature of Participant

Please print name clearly

PRIOR TO WORKING OR VOLUNTEERING WITH A SUPERVISOR

YOU MUST COMPLETE ALL NECESSARY TRAINING AS REQUIRED FROM THE RED FOLDER AND/OR YOUR SUPERVISOR.

I AM CONFIRMING THAT I HAVE COMPLETED ALL THE NECESSARY TRAINING IN THE CHEMISTRY DEPARTMENT'S "RED FOLDER" AND/OR REQUIRED BY MY SUPERVISOR.

I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20__

Signature of Participant

Please print name clearly

Signature of Supervisor

Please print name clearly

- General Waiver
- Red Folder completion
- Workday Worktags
- Photocopy of CareCard
- Job Description



DEPARTMENT OF CHEMISTRY

VOLUNTEER UNDERGRADUATE STUDENT APPOINTMENT INFORMATION

Please complete the following information and send it to the Undergraduate Secretary. A Student Appointment Form will then be generated which you will be asked to sign.

Information required from Supervisor

Supervisor: _____

Start date: _____

End date: _____

P/G to charge insurance to: _____ (\$4.00 for Summer and \$7.00 for Winter)

Job Title: _____

Work Location (lab #, etc.): _____

Information required from Student

Name of student: _____

Current mailing address: _____

Permanent mailing address: _____

Phone number: _____

Email address: _____

UBC Student number: _____

Date of Birth: _____

Social Insurance Number: _____

If you have any questions about this form, please contact the Undergraduate Program Coordinator (undergrad@chem.ubc.ca) in the Chemistry Office.