

Date

Volunteer name

Address

Via email: [Volunteer email]

Dear [Volunteer name]:

**Re: Letter of Agreement – Research Volunteer**

Thank you for your interest in volunteering with my research program, [name of research lab/group/project]. I am pleased to confirm my agreement with this opportunity, under the following terms:

* It is agreed that you will volunteer approximately X to X hours/week (or /month) for the period start date to end date.
* As a volunteer, no salary, stipend or benefits will be paid or provided to you, nor will you be considered an employee.
* As you will not be covered under Dalhousie’s insurance policy, you must sign a waiver of liability form. You may also obtain your own insurance if you wish. OR: *(for visiting students or those employed elsewhere, for example)* It is understood that you will continue to be employed/funded [name of institution] for the duration of your visit to Dalhousie. You may have insurance through that institution. You must sign a liability waiver form.
* The purpose of your volunteering request is to… (reasons cited in volunteer’s request to PI). Your activities will therefore generally include things such as: (cite sample tasks/activities).
* You will report to me (or indicate delegate, e.g., lab manager) for the duration of your volunteer period. I (or delegate) will provide you with further details regarding your specific activities once you start.
* You will be required to have/obtain … (Safety training? Ethics training? Other?). [If any costs for training, who pays?]
* You will be provided with… (Safety equipment? Access to other resources/tools? Courtesy Access? etc.)
* You will be expected to abide by any relevant University, Faculty or Departmental policy, procedure, or guideline.
* Should this opportunity no longer be desirable or beneficial, either party can end the volunteering period at any point.

I trust that this will be an engaging and mutually beneficial opportunity. Should you have any questions, please do not hesitate to discuss these with me.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[PI name]

Encl. Liability Waiver Form

c: [Department Head]

[Department Administrator]