

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*

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