Phlebotomy Student Volunteer and Instructor Agreement

To Be Completed By Phlebotomy Student:

Name of Student:__________________________________________________________

Name of School/Institution:_____________________________________________________________________

As a Phlebotomy Student Volunteer of the 9Health Fair, I pledge:

- That I have met the qualifications of a minimum number of 25 successful venipunctures and have passed competency evaluation from my Clinical Instructor. I understand that 9Health Fair is not to be used as an initial internship – I must have venipuncture experience before volunteering with 9Health Fair.
- To be professional, courteous and respectful towards all participants, volunteers, phlebotomists, Instructors, and Lab Supervisors.
- To follow the 9Health Fair Phlebotomy Protocol and use universal and safety precautions.
- To follow the directions of my Instructor.
- To address any concerns, issues, or questions with my Instructor.

Signature of Student:_______________________________________ Date:__________________

To Be Completed By Clinical Instructor:

Name of Instructor:_________________________________________________________

Phone:___________________________________

Email:_____________________________________________________________________

As a Volunteer Phlebotomy Clinical Instructor who is supervising the above Phlebotomy Student Volunteer, I pledge:

- To monitor, direct, and instruct the Phlebotomy Student under my supervision.
- That I will not have more than 8 Phlebotomy students to monitor under my supervision.
- To follow the directions of, and address any concerns, issues, or questions with the Lab Supervisor.
- To read and follow the 9Health Fair phlebotomy protocol.

Additionally, I understand that any student not accompanied by an Instructor will be reassigned to a non-medical position within the fair if applicable.

I attest that the above listed student has had a minimum of 25 successful venipunctures and has passed competency by myself or another Clinical Instructor at this school/institution.

Signature of Instructor:_______________________________________ Date:__________________

Please bring this form on the day you volunteer at a 9Health Fair site and give to the Lab Supervisor.