



## Student Volunteer Application Form

**Directions:** Thank you for your interest in the student volunteer position. Please fill out the following form to the best of your ability and include your most recent resume and we will contact you to follow up. Please submit the form and resume to **Stephanie Sumstine** at [SSumstine@mednet.ucla.edu](mailto:SSumstine@mednet.ucla.edu).

### I. Contact Information:

First Name:	
Middle Name:	
Last Name:	
<b>Email Address/Phone Number:</b>	
Email Address:	
Phone Number:	
<b>Educational Program:</b>	
<input type="checkbox"/> Pre-nursing	<input type="checkbox"/> Nursing (B.S., MECN, APRN, PhD)
<input type="checkbox"/> Pre-medicine	<input type="checkbox"/> Medicine (MD, MD-PhD)
<input type="checkbox"/> Social Work	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Public Health	

### II. Questions:

- 1) What is your interest in joining our research team?
- 2) What objectives are of interest and over what timeframe?
- 3) Please describe an important past community or public service position and what skills sets you utilized.
- 4) Have you worked on a research study previously? If yes, please describe in what capacity.
- 5) Have you had experience entering data on a tablet or computer? If yes, please describe in what capacity.



- 6) What computer software are you familiar using? What is your degree of comfort in using that software? Do you have basic, intermediate or advanced training?
  
- 7) Please describe some of your experiences working in teams.
  
- 8) Please describe how your professional or personal experiences have shaped your understanding of working with medically underserved populations.
  
- 9) What are your short- and long-term goals?
  
- 10) What are the deliverables of the current program you are in (e.g., internship hours, poster presentation, manuscript, etc.)?



**I. Work Hours Availability:**

We usually schedule work hours during the days and times the sites are available; please list below all possible available days and times.

**Start Date:**

**End Date:**

Day	Availability	6 am	7 am	8 am	9 am	10 am	11 am	Noon	1 pm	2 pm	3 pm	4 pm	5 pm
Monday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. References:**

List below two individuals who have knowledge of your work performance within the last four years. Please include professional references only.

<b>Reference 1</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Phone Number:</b>	
<b>Address:</b>	
<b>Number of Years:</b>	
<b>Reference 2</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Phone Number:</b>	
<b>Address:</b>	
<b>Number of Years:</b>	

By checking this box, you agree that we may contact these references: