

UCR School of Medicine Center for Healthy Communities

Student Volunteer or Research Assistant Application Form

I. Applicant Contact Information	
Name:	Email:
Address:	
Phone: Hm: Cell:	
Are you over 18 Years of age: ☐ Yes ☐ No If No, please	indicate date of birth:
How did you hear about volunteering at UCR?:	
II. Education	
High Degree Attained:	Major:
Institution:	
Are you currently attending school? \Box Yes \Box No If yes, name	
III. Employment	
Are you currently employed by UCR or UC? Yes No Have If yes, indicate duration of employment: Reason for leaving UC/UCR?: Name of Current Employer, if applicable:	Location/Dept.:
IV. Previous Research/Volunteer Experience	
Summarize your previous research/volunteer experience:	
Are you currently a UCR Volunteer? ☐ Yes ☐ No Have	
If yes, indicate duration of assignment: to:	Location/Dept.:
Reason for leaving UC/UCR?:	

	or Qualification	ons					
Summarize special other activities, inc			ı have acquired	l from employr	ment, previous	s volunteer wo	rk, or through
Certification and E	xpiration Date	s (e.g. CPR, Fi	irst Aid):				
Languages:							
VI. Availability							
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During which hour	-			ment assignmer	its?		
Morning	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							
Afternoon Evening							
Evening							
Evening	in which you a	are interested i	n working:				
Evening VII. Interests	in which you a	are interested i	n working:				
Evening VII. Interests	in which you a	nre interested i	n working:				
Evening VII. Interests	in which you a	nre interested i	n working:				
Evening VII. Interests		are interested i	n working:				

Volunteer