

HEALTH NIMHD – RCMi

Addictions Research and Cancer Prevention

Community Engagement Core Student Volunteer Application Form

Note: if you have downloaded this form from the website, please save it locally prior to completion so that your data is not lost.

Tell us about yourself:

Name: _____

Email: _____ Phone: _____

Major: _____ Anticipated Graduation Date: _____

Classification

Check one box.

Freshman Sophomore Junior

Senior Post-Bac Graduate

Race and Ethnicity

Check all that apply.

American Indian Alaska Native

Asian Native Hawaiian/Pacific Islander

Black/African American/African Descent

White/Anglo/European Descent

Are you Hispanic or Latino?

Check one box.

Yes No

Are you from a disadvantaged background?*

Check one box.

Yes No

**An individual from a disadvantaged background is defined as one who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.*

How did you hear about this opportunity?

Please describe your current career goals (e.g., to go to graduate school, to work in a medical setting).

Please describe any prior experience volunteering in the community.

Please describe any prior volunteer or work experience on research projects.

Please list any skills that may be particularly helpful to the Center (e.g., language skills, research protocols, software expertise, etc.)?

Please provide any additional information that you believe may be useful in evaluating your application.

Tell us about the experience you are seeking:

How long are you interested in volunteering? If for a semester, please indicate which semester/s.

How many hours per week are you available to volunteer?

Do you intend to receive semester hours of credit (up to 3) for your time at the Center?

Yes

No

Will your volunteer hours otherwise fulfill a course requirement? If so, please provide a link to more information about such course requirement.

Tell us about your resources and availability:

Do you have access to a vehicle or transportation into the community?

Yes

No

Are you able to work some weekends?

Yes

No

Are you able to work some evenings after 5 p.m.?

Yes

No

Submission instructions:

A complete application includes:

- This completed form
- A cover letter (1 pg.) explaining your interest in working at the HEALTH Center for Addictions Research and Cancer Prevention
- Your resume or CV

Please submit your complete application, preferably as a single pdf, to HEALTHrcmi@central.uh.edu
Subject Line: RCMI Student App _ Last Name

The Center will not process incomplete applications or make requests for missing materials. Once your complete application is received, we will be in touch after it is fully processed.

**Thank you for your interest in the
HEALTH Center for Addictions Research and Cancer Prevention!**