<u>NIH Clinical Center Summer Volunteer Application – please print or type</u>

NAME: (Last) (F	First) (MI)
E-MAIL ADDRESS:	
STREET ADDRESS:	
CITY: STATE:	ZIP:
PHONE: Home ()	Cell ()
BIRTH DATE:	
PREFERRED WORK AREA: (Circle)AdministrativePatient Contact	Research Other
HOURS AVAILABLE/WANTED:	DAY HOURS AVAILABLE
Number of days per week:	_ Monday
Hours per day:	Tuesday
Start Date:	Wednesday
	Thursday
	Friday
Company Name	
Supervisor	Phone
Duties	
Reason for Leaving	
2. Job Title	Dates
Company Name	
Supervisor	Phone
Duties	
Reason for Leaving	
-	
3. Other Jobs/Experience:	
3. Other Jobs/Experience:	ple not related to you who will complete the reference form
3. Other Jobs/Experience:	ple not related to you who will complete the reference form Email
3. Other Jobs/Experience: REFERENCES (please provide two peop <u>Name</u> <u>Phone</u>	ple not related to you who will complete the reference form <u>Email</u>

LANGUAGES SPOKEN: (Circle) En	glish French	Spanish	Other:
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SKILLS/HOBBIES: (*Circle all that apply*) Data Entry Computer (Microsoft Office) Filing Organizing Telephone Customer Service Other:

WHY DO YOU WANT TO VOLUNTEER?

AREAS OF INTEREST:		
EDUCATION: Currently enrolled? Yes No	Last Grade Completed:	8 9 10 11 12 College: Fr So Jr Sr
Name of High School		Graduated: Yes No
Name of College		Graduated: Yes No
Degree/Major(s)		
Other Training		
HOW DID YOU FIND OUT AB Employee (Name)		
Volunteer Organization (Name)		
Volunteer (Name)		
HAVE YOU EVER VOLUNTE Year(s) Area(s)		Yes No Tame (<i>if different</i>)
WILL YOU PARK YOUR VEH	IICLE AT THE HOSP	ITAL? Yes No
EMERGENCY CONTACT: Name Home Phone ()		Relationship Vork/Cell ()
HEALTH SURVEY Date of last TB Skin Test Check those that apply to you and Back Problems Diabetic Hearing Impaired Tuberculosis (TB)	l'elaborate, if needed. B E E N	gative (no reaction)
I verify the information on this ap	plication is correct.	
Signature of Applicant and Date		
FOR OFFICE USE ONLY INTERVIEWORIENT_	ASSIGN	SUPERVISOR