

**NIH Clinical Center Summer Volunteer Application – please print or type**

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

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**PREFERRED WORK AREA: (Circle)**

Administrative      Patient Contact      Research      Other \_\_\_\_\_

**HOURS AVAILABLE/WANTED:**      **DAY**      **HOURS AVAILABLE**

Number of days per week: \_\_\_\_\_ Monday \_\_\_\_\_

Hours per day: \_\_\_\_\_ Tuesday \_\_\_\_\_

Start Date: \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

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**WORK EXPERIENCE: (Paid or volunteer; list current or most recent job first.)**

**1. Job Title** \_\_\_\_\_ **Dates** \_\_\_\_\_

Company Name \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**2. Job Title** \_\_\_\_\_ **Dates** \_\_\_\_\_

Company Name \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**3. Other Jobs/Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (please provide two people not related to you who will complete the reference form):**

Name                      Phone                      Email

1. \_\_\_\_\_

2. \_\_\_\_\_

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