Theresa & Eugene M. Lang Center for Research & Education

56-45 Main Street Flushing, New York 11355 718-670-2840

Research Volunteer Application

| Name | (Last) | | | Date | | |
|--|---------------------------------------|--------------|-----------|--------------|--------|----------|
| | (Last) | (First) | (Mida | lle) | | |
| Address | · · · · · · · · · · · · · · · · · · · | | | | | |
| | (Street) | | (City) | (State) | (Zip) | |
| Home Phone_ | | Mobile Phone | | Alternate Nu | mber | |
| Email Address Hospital Volunteer OrientationYes No If Yes, Date | | | | | | |
| Email Address nospital volunteer Orientation res No il res, Date | | | | | | |
| | | | | | | |
| Education | | | | | | |
| School Name: | | | | | | |
| City: | | Si | tate: | | | |
| Major: Graduation Date: | | | | | | |
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| Please describe any computer skills or abilities that would be useful to a research investigator | | | | | | |
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| How did you become interested in research? | | | | | | |
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| What type of research or field are you interested in? | | | | | | |
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| Do you have any volunteer experience? | | | | | | |
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| What do you hope to gain from this experience? | | | | | | |
| | | | | | | |
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| Diagon indicate which days and times you are available. | | | | | | |
| Please indicate which days and times you are available: | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| • | | _ | | j | - | |
| | | | | | | |



How long will you be available? ____