RESEARCH VOLUNTEER QUESTIONNAIRE

Please complete this questionnaire to be considered for a research placement during the academic year/summer.

| Name | | Date | |
|---|---------------------------------|------------------------------|------------------------------|
| College/high school you currently attend | | Year of graduation | |
| Email address | Phone | | |
| Please check the type of research | ch you are applying for: | basic science research | clinical research |
| A four month, 15 hour per weel academic year, and may be high directions on applying for Sumn | ner for some placements. Pl | | |
| Why do you wish to voluntee | er in research? | | |
| What can you contribute (e.g. s | pecific skills, personal streng | gths)? | |
| Have you ever volunteered or b | een employed in a research | setting? If yes, please answ | er the following: |
| Summary of research conducted | d: | | |
| Your specific responsibilities: | | | |
| Length of time you assisted: | | | |
| Where the research was conduc | cted: | | |
| List science, math, research me component: | thodology, and bioethics cou | urses you have completed. II | ndicate where there is a lak |
| | | | |
| Thank you for completing the q | uestionnaire. Please submit | it, along with your resume, | to Kaye Derman at |

<u>kaye.derman@mountsinai.org</u>. We will review your documents and contact you shortly.