



# VOLUNTEER APPLICATION FORM

Our Student Program is a volunteer service we are providing for students (typically in the Pasadena area, but not necessarily) who would like to experience the research environment by working alongside HMRI scientists.

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_ Are you over the age of 18? Yes / No

## REFERENCES (Please list 3 references including name, phone number, years known):

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

## EDUCATION

Undergraduate School \_\_\_\_\_ Date Completed \_\_\_\_\_

Graduate/Med School \_\_\_\_\_ Date Completed \_\_\_\_\_

Area(s) of interest \_\_\_\_\_

## VOLUNTEER ACTIVITY DESIRED

Student Research Program     Fundraising/Special Events     Other \_\_\_\_\_

If you are applying for the Student Research Program, are you able to commit to a full year of service? Yes / No

### Volunteer Time Commitment and Schedule Availability:

I would like to volunteer according to my following availability: (individual, flexible schedules will be arranged between the Volunteer and the Program Supervisor based upon organization needs and Volunteer availability.)

**FREQUENCY DESIRED** (i.e. Hours per shift? Number of shifts per week?) \_\_\_\_\_

### **AVAILABILITY** (please check all that apply)

Weekdays:  Mon  Tue  Wed  Thu  Fri  am  pm      Weekends:  Sat  Sun  am  pm

Do you have a reliable means of transportation? Yes / No Please list: \_\_\_\_\_

Please list any physical limitations that might affect your ability to perform your volunteer work: \_\_\_\_\_

Please list necessary accommodation(s) \_\_\_\_\_

### **PLEASE RETURN COMPLETED FORM TO: (please also include your resume, if applicable)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail: Huntington Medical Research Institutes  
Attn: Volunteer Program  
99 North El Molino Avenue  
Pasadena, California 91101

Email: [volunteer@hmri.org](mailto:volunteer@hmri.org)  
Fax: 626.795.5774 – Attn: Volunteer Program