



Wadsworth Center Student Volunteer Application Form

CONTACT INFORMATION

LAST NAME FIRST NAME MI

HOME ADDRESS

CITY STATE ZIP

TELEPHONE EMAIL

DATE OF BIRTH

EDUCATION

ARE YOU CURRENTLY A STUDENT? YES NO HIGH SCHOOL COLLEGE

SCHOOL ATTENDED

LEVEL COMPLETED

PREVIOUS RESEARCH EXPERIENCE

AVAILABILITY AND VOLUNTEER ASSIGNMENT PREFERENCES

Monday	Tuesday	Wednesday	Thursday	Friday
—	—	—	—	—

DATE(S) RANGE AVAILABLE

RESEARCH OF INTEREST

(for a description of research areas, please go to www.wadsworth.org/research/areas)

LIST UP TO THREE INVESTIGATORS YOU ARE INTERESTED IN VOLUNTEERING WITH:

- 1.
- 2.
- 3.

A resumé is required and should be attached to your application form as a single PDF (or Word) file and clearly labeled with your name as follows: Last Name, underscore, first name (eg. Xanadu_Rita.pdf).

Please email this form and your resumé directly to wcvolunteer@health.ny.gov.

Thank you for your interest in Wadsworth Center.

For Office Use Only