

The Center for Neurosciences Foundation  
2450 E. River Road  
Tucson, Arizona 85718  
eachbrainmatters.org  
520.529.5211 T



Today's Date \_\_\_\_\_

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Last Name	First Name	Middle Initial	
<hr/>			
Current Address	City	State	Zip Code
<hr/>			
Home Telephone	Cell Telephone	E-mail Address	
<hr/>			
Education/Special Training	Highest Grade Level Completed		
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Employer's Name/School's Name	Occupation/Academic Major		

Parent's/Guardian's Name (if under 18 yrs.) \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_ No \_\_\_  
Do you have a M.D./PhD? Yes \_\_\_ No \_\_\_ Do you have a B.S. in Medicine? Yes \_\_\_ No \_\_\_

How did you hear about the Volunteer Services Department? *Doctor Referral* *Friend* *Media Ad* *School*

Are you required to volunteer? If yes, please explain. \_\_\_\_\_

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged.  
Yes \_\_\_ No \_\_\_

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

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**Volunteer Experience:** (List most recent service positions)

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency: \_\_\_\_\_

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

**Placement Preferences:** Indicate 1<sup>st</sup> (\_\_\_\_), 2<sup>nd</sup> (\_\_\_\_), and 3<sup>rd</sup> (\_\_\_\_) choice

- 1. Administrative: Administrative and clerical duties.
- 2. Child Life: Help children with recreational/educational activities.
- 3. Fundraising: Raising funds and/or writing grants.
- 4. Other: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

## References and Emergency Contact

### Availability:

During the school year (August – May) what days are you typically available?

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

During the summer (June - August) what days are you typically available?

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

**References:** List two people other than relatives who would be willing to serve as personal references.

1.

\_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
E-mail Address

2.

\_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
E-mail Address

**Emergency Contact:** In the event of an emergency, please list the person you would want notified.

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Home Telephone Number Business Telephone Number Cellular Phone Number

### Statement of Understanding:

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information.

I understand that I must be at least 16 years of age to volunteer at The Center for Neurosciences Foundation and if I am under the age of 18 years of age and/or attending high school I will need parental consent.

Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please answer the following questions:*

What attracted you to this volunteer program? Is there an aspect within the program that motivates you to be a part of this program?

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What would you like to get out of your volunteer experience/internship? What would make you feel like you have been successful?

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Have you ever volunteered? If yes, for what agency and what position?

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If applicable, describe the agency and your volunteer responsibilities.

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What have you enjoyed most about your previous volunteer position(s)?

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Describe your ideal supervisor. What sort of supervisory style do you prefer to work?

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What skills and qualities do you feel you have to contribute to The Center for Neurosciences Foundation?

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Are you willing to commit to the requirements of the volunteer program?

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