

*Please complete and email to foundation@neurotucson.com
or mail to The Center for Neurosciences Foundation, 2450
E. River Road, Tucson, AZ 85718.*

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



Today's Date _____

Last Name First Name Middle Initial

Current Address City State Zip Code

Home Telephone Cell Telephone E-mail Address

Education/Special Training Highest Grade Level Completed

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.

Volunteer Experience: (List most recent service positions)

Position: _____ Position: _____

Agency: _____ Agency: _____

Date: _____ Date: _____

Placement Preferences: Indicate 1st (____), 2nd (____), and 3rd (____) 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?

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

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

If applicable, describe the agency and your volunteer responsibilities.

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

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

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

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