

## Volunteer Application

Interdisciplinary Stem Cell Institute  
University of Miami Miller School of Medicine

### Contact Information

Name of Applicant	
Address - City, ST, ZIP Code	
Phone where you can be reached	
Work Phone	
E-Mail Address	
Name of School or University	
Your field of study	

Are you 16 years or older?  yes  no

Have you ever been a volunteer or an employee with the University of Miami?      yes  no

Please describe the reason(s) you would like to volunteer with the Interdisciplinary Stem Cell Institute

### Area of Interest

In which area of lab research would you like to volunteer?

If you are selected for the program at ISCI, what goals do you hope to accomplish?

Our program begins the first part of June and continues through the middle of August. What are your dates of availability should you be selected for the program?

How many hours per week will you be willing to devote to the research in the lab?

---

## Volunteer Application

---

Interdisciplinary Stem Cell Institute  
**University of Miami Miller School of Medicine**

---

### Special Skills or Qualifications

Summarize any special skills and qualifications you have developed either from employment, previous volunteer work, or through other activities.

### Extracurricular Activities

Describe any hobbies or special interests

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, I will be required to fill out applications and other forms required by the University of Miami. I also understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Electronic Signature and Date Below

---