

Volunteer Application Summer 2019

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 if applicable	
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 UM?

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 (cardiology, dermatology, molecular biology) 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 week of June and continues through the middle of August. Will you be available consistently throughout that period?

How many hours/week will you be willing to devote to the research in the lab? Minimum is 20

Describe any hobbies or special interests that you have outside of your schoolwork

Summarize any special skills and qualifications you have developed either from employment, previous volunteer work, or through other activities. This does not have to be scientifically based.

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 of signature below
