

THE RESEARCH INSTITUTE VOLUNTEER APPLICATION

Section I - Personal Information:

Please Print Date:

Last Name: First Name: Middle Initial:

Address:

City: State: Zip Code:

Home Phone: Cell Phone:

E-Mail Address:

School: Level of Education:

Emergency Contact: Phone:

Indicate Relationship:

Please mark the times that you are available to volunteer.

From: _____ To: _____

Please select the CENTER(s) you are interested in.

Administration	Gene Therapy
Battelle Center for Mathematical Medicine	Injury Research & Policy
Biobehavioral Health	Innovation in Pediatric Practice
Biopathology	Microbial Pathogenesis
Cardiovascular & Pulmonary Medicine	Molecular & Human Genetics
Childhood Cancer	Perinatal Research
Clinical & Translational Medicine	Vaccine & Immunity

- **Visit website for additional information about the Centers**
 - (<http://www.nationwidechildrens.org/GD/Templates/Pages/Childrens/Research/ResearchLanding.aspx?page=3787>)

How did you hear about The Research Institute?

Friend Newspaper
Employee Internet
Volunteer Other: _____

Section II – Volunteer Interests and Experience:

What would you like to do as a volunteer at The Research Institutet?

Why would you like to volunteer for The research Institute?

What do you enjoy most in a volunteer assignment? What do you wish to avoid?

Are there any specific interests that you wish to pursue as a volunteer?

Please list any applicable education or work experience that you have.

Please list any additional skills we might like to know about.

Please list any other volunteer experience you may have.

Name of Organization	Dates	Contact Name	Phone #
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Section III- Resume

PLEASE ATTACH RESUME IF YOU HAVE ONE

Applicant's Signature
Date

Please return to:

Jaclyn Rohaly, Business Services Coordinator Email – Jaclyn.Rohaly@NationwideChildrens.org
The Research Institute at Nationwide Children's Hospital
Phone – 614-355-3461 Fax 614-722-2716
700 Children's Drive, Columbus, OH 43205