

**STUDENT INTERN LABORATORY RESEARCH PROGRAM  
APPLICATION – (PLEASE PRINT)**

DATE: \_\_\_\_\_

**Information**

\_\_\_\_\_  
Last Name                      First Name                      Social Security #

Home Address:

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: Male | Female (circle)

**Current Status**

Current Student: No Yes (Circle) If yes, where: \_\_\_\_\_

Grade in School: \_\_\_\_\_

For school reference: Letter of Recommendation is required from a school faculty member

Employed: (Yes / No) Circle) If yes, where:

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, give date(s), offense(s) and disposition(s):

\_\_\_\_\_

**Desired Lab Experience**

Applicants are expected to be available 35+ hours per week for 2 weeks – 4 weeks.

Have you had past volunteer or paid lab experience? Yes | No (Circle)

If so, where?: \_\_\_\_\_

### References and Contacts

Provide one reference (no family members) Name, phone number and relationship.

\_\_\_\_\_

Name and phone # of Personal Physician:

\_\_\_\_\_

Emergency Contact:

Name	Phone #	Relationship
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### Immunization Requirement

For precautionary measures, students must be immunized for tetanus within the past three years since they may be in contact with laboratory rodents (mice and rats).

### Student Agreement

I certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal from the program. I am aware that I am applying for a research assignment, with no present or future promise of compensation for my services.

I acknowledge that I will treat as confidential all information that I may read or hear, directly or indirectly. If accepted for the Student Intern Laboratory Research Program, I agree to conform to the rules and regulations in the laboratory of \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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

### Parental/Caregiver Consent

I understand that my son/daughter may be working with hazardous chemicals, rodents and biological materials. Applicants will be provided training in the safe handling of these items. I give my son/daughter permission to participate in the Student Intern Laboratory Research Program at the Laboratory of:

\_\_\_\_\_

Parent/Caregiver's Signature: \_\_\_\_\_

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