

# Volunteer Application

675 Nelson Rising Lane, Suite 190  
San Francisco, California 94158  
tel: 415.476.6880  
fax: 415.476.4800  
memory.ucsf.edu

**Mailing Address:**  
UCSF Memory and Aging Center  
UCSF Box 1207  
San Francisco, CA 94143-1207

Please fill out and return this application via email, fax or hard copy to:

Volunteer Coordinator  
UCSF Memory and Aging Center  
UCSF Box 1207  
San Francisco, CA 94143-1207

Fax: (415) 476-5573

For specific questions, please email [volunteer@memory.ucsf.edu](mailto:volunteer@memory.ucsf.edu).

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

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

### Permanent Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### College/University Information

Institution Name: \_\_\_\_\_

Status/Year:  Freshman  Sophomore  Junior  Senior

Major: \_\_\_\_\_

Department: \_\_\_\_\_

What types of activities interest you?

- Various aspects of clinical research process
- Various aspects of laboratory research process
- Administrative – copying, mailings, assembling educational/research materials
- Data support
- Writing for educational programs including website
- Language interpreting

What in particular do you hope to gain from your internship at the Memory and Aging Center?

- Class credit       Work experience       Clinical skills  
 Research skills       Exposure to issues related to aging population  
 Health education experience       Other \_\_\_\_\_

How much patient contact would be ideal for you?

- A lot of contact       Some contact       Little/No contact

What special talents/interests would you bring to the UCSF Memory and Aging Center?

\_\_\_\_\_

Language skills: \_\_\_\_\_  Read     Speak     Translate

Have you had prior health related work or volunteer experience?  Yes     No  
If yes, please describe the nature and length of the experience (please attach your resume)

\_\_\_\_\_

Have you had prior laboratory work or volunteer experience?  Yes     No  
If yes, please describe the nature and length of the experience (please attach your resume)

\_\_\_\_\_

Future Plans: graduate school, career, interests, etc. (Please attach your current class schedule)

\_\_\_\_\_

**Availability:**

Please indicate the dates you can begin and end: \_\_\_\_\_ to \_\_\_\_\_

Please indicate specific times in time blocks of 3 hours or more

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

***Thank you for your interest!***