Center for Mindfulness in Surgery Volunteer Research Assistant Application

First Name

_____

Last Name

_____

Email

_____

Phone Number

_____

City of Residence and Zip Code

_____

How did you find out about this opportunity?

_____

Can you commit to 6 months at 4 hours per week as a volunteer?

_____

Please list the date you are available to start volunteering:

_____

_____

_____

Please list your weekly availability, including days, times, and number of hours:

_____

_____

_____

_____

Why do you want to be a Research Assistant volunteer at the Center for Mindfulness in Surgery?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What do you hope to gain from your research position?

Tell us about your interests in research: