



## Community Engagement Core Student Volunteer Cadre Application

**Note:** If you downloaded this form from the website, please save it locally prior to completion so that your data is not lost.

**Submission instructions:**

Please email a complete application to: [healthrcmi@central.uh.edu](mailto:healthrcmi@central.uh.edu) with the subject line: RCMI Student App\_Last Name

**A complete application should include:**

- This completed form
- A cover letter (1 page max) explaining your interest in working at the *HEALTH Center for Addictions Research and Cancer Prevention*
- A resume or CV

The Center will not process incomplete applications or make requests for missing materials.

**Tell us about yourself:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**T-shirt size:** \_\_\_\_\_

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

**Anticipated Graduation Date:** \_\_\_\_\_

**Classification**

- Freshman     Sophomore     Junior  
 Senior     Post-Bac     Graduate

**Gender Identity**

- Female     Male     Trans     Non-Binary

**Race and Ethnicity**

*Check all that apply*

- American Indian  
 Alaska Native  
 Asian  
 Black/African American/African Descent  
 Native Hawaiian/Pacific Islander  
 White/Anglo/European Descent

**Are you Hispanic or Latino?**

Yes  No

**Are you from a disadvantaged background?**

Yes  No

*\*An individual from a disadvantaged background is defined as one who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the [US Census Bureau](#).*

**How did you hear about this opportunity?**

*Check all that apply.*

Flyer  Student Organization  Faculty Referral

HEALTH-RCMI Website  Friend  Other

**Please describe your volunteer or work experience with research projects or in the community.**

**Please list any skills that may be particularly helpful (e.g., multilingual, research protocols, software expertise, etc.)?**

**Please provide any additional information that you believe may be useful in evaluating your application.**

**How long are you interested in volunteering? If for a semester, please indicate which semester/s.**

**How many hours per week are you available to volunteer?**

**Tell us about your resources and availability:**

**Do you have access to a vehicle or transportation into the community?**

Yes    No

**Are you able to work some weekends?**

Yes    No

**Are you able to work some evenings after 5PM?**

Yes    No

**Are you able to attend virtual 1-hr meetings on Mondays & Wednesdays at 2PM?**

Yes    No

**Thank you for your interest in the  
*HEALTH Center for Addictions Research and Cancer Prevention***