



## 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

- |                                   |                                    |                                   |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Freshman | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Junior   |
| <input type="checkbox"/> Senior   | <input type="checkbox"/> Post-Bac  | <input type="checkbox"/> Graduate |

### Gender Identity

- |                                 |                               |                                |                                     |
|---------------------------------|-------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Trans | <input type="checkbox"/> Non-Binary |
|---------------------------------|-------------------------------|--------------------------------|-------------------------------------|

### Race and Ethnicity

*Check all that apply*

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | American Indian                        |
| <input type="checkbox"/> | Alaska Native                          |
| <input type="checkbox"/> | Asian                                  |
| <input type="checkbox"/> | Black/African American/African Descent |
| <input type="checkbox"/> | Native Hawaiian/Pacific Islander       |
| <input type="checkbox"/> | 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***

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**@HEALTHrcmi • HEALTHrcmi.com • HEALTHrcmi@central.uh.edu**