



Volunteer Application

Please complete and return this application via email to:

Volunteer Coordinator
Brain and Spinal Injury Center (BASIC)

volunteer@basic.ucsf.edu

Date: _____

Last Name: _____

First Name: _____

Permanent Address

Street: _____

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





BRAIN AND SPINAL INJURY CENTER

1001 Potrero Avenue, Bldg. 1, Room 101
San Francisco, California 94110, USA
Tel: (415) 206-8300 - Fax: (415) 206-3948
www.brainandspinalinjury.org

What in particular do you hope to gain from your internship at the Brain and Spinal Injury 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 Brain and Spinal Injury 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)



San Francisco General Hospital
& Trauma Center



University of California
San Francisco



BRAIN AND SPINAL INJURY CENTER

1001 Potrero Avenue, Bldg. 1, Room 101
San Francisco, California 94110, USA
Tel: (415) 206-8300 - Fax: (415) 206-3948
www.brainandspinalinjury.org

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!



San Francisco General Hospital
& Trauma Center



University of California
San Francisco