

VOLUNTEER APPLICATION
Cognitive Health & Recovery Lab
Brain Repair Centre
1348 Summer Street
Halifax, NS B3H 4R2

PERSONAL INFORMATION

Name:

Email address:

Phone Number:

Address:

EXPERIENCE (Please attached a current curriculum vitae and academic transcript for current university)

Please describe your research experience (e.g., lab classes, independent study projects, paid experience?):

Describe any experience you have had with:

Literature searches? _____

Databases? _____

Excel? _____

SPSS? _____

Macintosh computers? _____

Testing subjects? _____

Other skills/training (e.g., First Aid, CPR training, etc.):

Volunteer experience:

ACADEMIC GOALS

Current major:

Future career plans:

Why are you interested in volunteering in this laboratory?

Are there any specific activities/projects that interest you?

WORK HOURS

How many hours can you volunteer per week? What day/time works best for you?

REFERENCES

Please provide us with the name and contact information of 1-2 persons who can provide a reference for your working, research or volunteering skills:

Thanks for your interest in our work!
Please email this form and attachments to:
eskespsychlab@gmail.com