

## STUDENT PROGRAM FORMS

### GNBCC STUDENTS & SCIENTISTS BREAST CANCER/ENVIRONMENT RESEARCH PROGRAM APPLICATION – (PLEASE PRINT)

DATE: \_\_\_\_\_

#### Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Social Security #

Home Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Home Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex: Male Female (circle)

#### Current Status

Current Student: No Yes (Circle) If yes, where: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Employed: No Yes (Circle) If yes, where:

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, give date(s), offense(s) and disposition(s):

\_\_\_\_\_

#### Desired Lab Experience

Applicants are expected to be available 35+ hours per week for 2 weeks – 8 weeks, depending on laboratory.

Have you had past volunteer or paid lab experience?: No Yes (Circle)

If so, where?:

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**References and Contacts**

Provide one reference (no family members) Name, phone number and relationship.

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Name and phone # of Personal Physician:

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Emergency Contact:

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Name

Phone #

Relationship

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**Immunization Requirement**

For precautionary measures, students must be immunized for tetanus within the past three years since they may be in contact with laboratory rodents (mice and rats).

**Medical Conditions**

1. Do you have any medical conditions, allergies, etc? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, please

explain: \_\_\_\_\_

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2. Do you have any psychiatric conditions? Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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3. Do you take any medications? Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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**Student Agreement**

I certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal from the program. I am aware that I am applying for a research assignment, with no present or future promise of compensation for my services.

I acknowledge that I will treat as confidential all laboratory information that I may read or hear, directly or indirectly. After my internship, all written material that I produce which reflects my laboratory experience such as studies, science competition applications, posters and essays need to be approved by the Principal Investigators of the laboratory.

If accepted for the Student Intern Laboratory Research Program, I agree to conform to the rules and regulations in the laboratory of \_\_\_\_\_.

I realize that while on this internship (or any future conferences where I am sponsored by GNBCC) my decorum must be exemplary.

I am responsible for arriving on time and following the rules set forth by the laboratory.

There will be no use of any form of alcoholic beverages or illegal drugs.

There will be no smoking permitted of any kind.

I am responsible for my conduct in regard to public and private property.

Dress should be neat, clean and socially acceptable.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Parental/Caregiver Consent**

I certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal from the program. I am aware that my child is applying for a research assignment, with no present or future promise of compensation for his/her services.

I understand that my son/daughter may be working with hazardous chemicals, rodents and/or biological materials. Applicants will be provided training in the safe handling of these items. I give my son/daughter permission to participate in the Student Intern Laboratory Research Program at the Laboratory of:

\_\_\_\_\_

Parent/Caregiver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Contact Information**

Mother's home phone \_\_\_\_\_ cell phone: \_\_\_\_\_ work \_\_\_\_\_

Email address: \_\_\_\_\_

Father's home phone \_\_\_\_\_ cell phone \_\_\_\_\_ work \_\_\_\_\_

Email address: \_\_\_\_\_