

# UCLA Center for East-West Medicine Volunteer Form

## *Personal Information*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex: \_\_\_\_\_

## *Contact Information*

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check the area you are interested in volunteering

Academic: \_\_\_ Education \_\_\_ Research \_\_\_ Publications

Administrative: \_\_\_ Clerical \_\_\_ Financial \_\_\_ Publicity \_\_\_ Events Planning

Others: \_\_\_\_\_

## *Education* (Highest Level of Completion)

Institution \_\_\_\_\_ Major \_\_\_\_\_ Year completed \_\_\_\_\_

Institution \_\_\_\_\_ Major \_\_\_\_\_ Year completed \_\_\_\_\_

Please specify the skills that you have

Computer: \_\_\_\_\_

Office/Administrative: \_\_\_\_\_

Foreign Language: \_\_\_\_\_

Business: \_\_\_\_\_

Legal: \_\_\_\_\_

Others: \_\_\_\_\_

Additional comments: