



ACADEMIC ASSOCIATES PROGRAM APPLICATION

Re-applicant? Yes _____ or No _____ Date of Birth ____/____/____ Sex: M____F_____

Race: Caucasian_____ African American_____ Hispanic_____ Asian_____ Other_____

Driver's Lic. No. _____ Social Sec. No. _____

Name: Mr. Ms. Mrs. _____
(circle one) (last) (first) (m.i.)

Address _____ City _____ St _____ Zip _____

Phones: (home) _____ (work) _____ (cell) _____

E-Mail Address: _____

Current Employer/School _____

Year in college _____ Major area of study _____

IN EMERGENCY NOTIFY:

Name _____

Relationship _____ Phone (work) _____ (home) _____

Physician's Name _____ Phone _____

PERSONAL DATA:

Special skills, talents, hobbies, interests (crafts, business or computer skills, etc.) _____

Languages (fluent) _____

What do you expect from this program/course? _____

How do you think this program/course would benefit you?_____

Prior Work Experience?_____

Have you ever been charged with a misdemeanor? Yes_____ No_____ Have you ever been charged with a felony? Yes_____ No_____

If yes, please explain_____

Do you have documentation of current immunizations? Yes_____No_____

PLEASE LIST TWO LOCAL PERSONAL REFERENCES (other than family members):

Name_____ Phone_____

Name_____ Phone_____

PLEASE LIST RELATIVES OR FRIENDS ASSOCIATED WITH TEXAS CHILDREN'S HOSPITAL (Medical Staff, Employees, Board of Trustees, patients or volunteers and indicate relationship)

What days and times are you unavailable between the hours of 8a-9p?

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

PLEASE EMAIL APPLICATION TO: JULIE EAVES

jeaves@bcm.edu

APPLICATIONS ARE DUE June 12th

INTERVIEWS: To Be Announced