

**SCIENTIFIC CLINICAL RESEARCH INTERNSHIP
PROGRAM APPLICATION FORM** *(Form must be
completed)*

PARTICIPANT INFORMATION

Name: _____		<input type="checkbox"/> Female	<input type="checkbox"/> Male	Age: _____
Address: _____		City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	E-mail: _____		
Date of Birth: / /		Social Security #: _____		
Driver's License #: _____		State: _____	Expires: _____	
ID Card #: _____		State: _____	Expires: _____	
Are you in the US on the following:		<input type="checkbox"/> Passport	<input type="checkbox"/> Visa #: _____	Expires: _____
Currently Enrolled Student at: _____		State: _____		
Expected year of graduation: _____				
Prior UCI Laboratory Experience: _____		Year: _____		

EMERGENCY CONTACT INFORMATION (please attach copy of health insurance card)

Contact's Name: _____	Relationship to Participant: _____
Contact's Address: _____	

Emergency Contact's Number: _____	Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Is either parent/guardian employed by UCI? <input type="checkbox"/> Yes (if yes, please list department) _____ <input type="checkbox"/> No	
Physician's Name: _____	Office Phone: _____

Physician's Address: _____

MEDICAL INFORMATION (IF APPLICABLE)

Intern's known medical or physical condition(s):

Intern's Prescriptions, Over-the-Counter Medications, Known Allergies, Other:

Intern's Special Needs/Accommodations:

RULES FOR SCRIP PARTICIPANTS IN LABORATORIES¹

(¹ University of California Policy *Minors in Shops*, effective 10/31/13. The University of California, Irvine School of Medicine has reserved the right to extend this policy to all students volunteering in labs through the Student Research Intern Program.)

1. Never participate on a scheduled assignment alone in any laboratory environment without direct, immediate adult supervision from the sponsor or someone designated by the sponsor.
2. Complete and follow safety training specific to the hazards in the laboratory. **Training must be complete before approval will be granted in writing for an assignment to begin.**
3. Always wear the personal protective equipment as directed and dispose of it appropriately. This personal protective equipment (PPE) includes goggles, gloves, coats/gowns, and other face/body protection as dictated by the hazard being worked with or around. Always remove PPE when leaving the work area.
4. Always follow the instructions of the sponsor or laboratory supervisor.
5. Always report any accident (regardless of severity) immediately to the sponsor or laboratory supervisor.
6. Always keep your hands away from your face and wash them well with soap and water prior to leaving any laboratory area and after removing gloves.
7. Never eat, drink, chew gum, apply lip balm, or touch contact lenses while in any laboratory environment.
8. Always wear closed-toe shoes while in any laboratory.
9. Always tie back long hair to keep it out of all the hazards listed above.
10. Always wear clothing that reduces the amount of exposed skin.
11. Always ask questions if you don't understand the safety requirements.

Printed Name of Participant:

Signature of Participant

Signature of Parent/Legal Guardian
(If under 18 years old)

Printed Name of Parent/Legal Guardian

Date