



**DEPARTMENT OF HOMELAND SECURITY
OFFICE OF HEALTH AFFAIRS
VOLUNTEER SCHOLARS APPLICATION FORM**

Name:		Phone Number:		Email:	
Mailing Address:					
Academic Institution:					
Point of Contact at Institution:					
Point of Contact Phone and Email:					
Requested Period of volunteer service:					
Expected number of volunteer hours per week:					

ACADEMIC OR PROFESSIONAL GOALS AND VOLUNTEER PROGRAM LEARNING OBJECTIVES

Describe your goals as related to your current academic and/or professional experience(s) and explain how you would like to utilize the volunteer opportunity to reach these goals:

CURRENT EXPERIENCE AND CONTRIBUTION TO THE OFFICE OF HEALTH AFFAIRS

Describe your current academic and/or professional experience(s) and describe how you intend to use your knowledge to contribute to the mission of the Office of Health Affairs:

STATEMENT OF INTEREST

As related to your professional and/or academic experiences, goals, and objectives, describe potential project ideas you would like to pursue during your volunteer period at the Office of Health Affairs. If there is a specific Office or Advisor you would like to work with, list that information here. (If selected for a volunteer opportunity with the Office of Health Affairs, you will be required to work with a designated Advisor to define a Statement of Work detailing a project, project deliverable, project and deliverable timelines, and structured goals prior to starting the program.)

SIGNATURES AND APPROVALS

Applicant signature _____ Date _____

Institution signature _____ Date _____