

RESTORE LABORATORY

Research in Exercise STress and Optimized REcovery Department of Kinesiology, Health Promotion, and Recreation University of North Texas RESTORElab@unt.edu



RESTORE Laboratory Volunteer Application

Contact Information			
Name			
Phone			
E-mail Address			
Academic Information	1		
School Name			
Major(s), Minor(s)			
Year in school			
Cumulative GPA (undergraduate)			
Science GPA (undergraduate)			
Science Coursework (course# & short title) If it is easier, you may instead provide an unofficial transcript			
Future Career Goals- What are your plans after graduation?			



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Research Experience

Please list any previous research experience. If you have worked in another lab, please include names of Primary Investigators/Professors. Please indicate your level of experience with data entry, data
collection and participant recruitment.
Other Experiences
•
Please list any other volunteer, leadership, work, or extracurricular experience.
Goals and Objectives
What is your specific interest in our lab? What are your goals in seeking this research experience?
What experiences do you hope to obtain?
That expenditions do you hope to obtain.

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Availability			
For how long do y	ou intend on vo	lunteering with u	us?
Please give a des	ired start and e	nd date.	
Antio	cipated Start D	ate:	
Ant	icipated End D)ate:	
	-		
What other comm volunteer with us?		classes, extracui	ricular) will you have during the time you'd like to
What courses will	you be enrollin	g in for the upcor	ming semester?
			•
			on exams, interviews, weddings, vacations, concerts going to be out of town?
			genig to the case of terms
Do you have acce	ss to a car for t	ransportation?	
During which hour	ro are veu eveil	abla for valuatos	r aggignmento?
During which hour	s are you avail	able for voluntee	i assigninents:
Mondays	Morning	_ Afternoon	_ Evening
Tuesdays	Morning	_ Afternoon	_ Evening
Wednesdays	Morning	_ Afternoon	_ Evening
Thursdays	Morning	_ Afternoon	_ Evening
Fridays Saturdays	Morning Morning	_ Afternoon Afternoon	_ Evening _ Evening
Saturdays Sundays	Morning	_ Afternoon	_ Evening
	9		





Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender identity, sexual orientation, age, or disability.

Thank you for completing this application form and for your interest in working with us!

Please return this form to our RESTORE laboratory e-mail account at RESTORElab@unt.edu