

Name

Email Address (UWL students please provide UWL email address)

UWL ID # (Enter NA if you have not previously attended UWL)

Date of Birth (Optional)

Ethnicity/Race (Optional)

Are you currently attending UWL?

- ☐ Yes
- ☐ No - attending another school (Please enter that school below)
-
- ☐ No - not currently enrolled at any school
-

Do you participate in the UWL RT Club?

- ☐ Yes - as a member
- ☐ Yes - as an attendee
- ☐ No
-

If you do not attend UWL or are unable to participate in RT Club, please share any other cancer related groups you have been part of.

Do you hold any health care certifications or licenses, such as a CNA? Please do not include items such as CPR and First Aid training.

- ☐ Yes (Please enter the certification(s) below)
- ☐ No
-

If you answered "Yes" to the above question please upload a scan or photograph of your certification.

Drop files or click here to upload

Please provide information for your three most recent health care related work experiences.

Health Care Work Experience #1 - Employer

Health Care Work Experience #1 - Position Description

Health Care Work Experience #1 - Dates of Employment

Health Care Work Experience #2 - Employer

Health Care Work Experience #2 - Position Description

Health Care Work Experience #3 - Dates of Employment

Health Care Work Experience #3 - Employer

Health Care Work Experience #3 - Position Description

Health Care Work Experience #3 - Dates of Employment

Please provide information for your three most recent volunteer experiences.
(Please include only volunteering experiences completed while a college student)

Health Care Volunteering #1 - Place

Health Care Volunteering #1 - Description of Activities/Duties

Health Care Volunteering #1 - Dates of Participation

Health Care Volunteering #2 - Place

Health Care Volunteering #2 - Description of Activities/Duties

Health Care Volunteering #2 - Dates of Participation

Health Care Volunteering #3 - Place

Health Care Volunteering #3 - Description of Activities/Duties

Health Care Volunteering #3 - Dates of Participation

Have you completed the required sixteen (16) observation hours ?

☐ Yes

☐ No

Have you requested three references, two of which must be from faculty or staff at the university level?

☐ Yes

☐ No

Please enter the name of Reference #1

Please enter the name of Reference #2

Please enter the name of Reference #3