



Epilepsy Center Volunteer Application

Date: _____

Name: _____

Requested Date(s) of Volunteerism: _____ to _____

Current Education Level: HS COLLEGE MEDICAL SCHOOL GRADUATE SCHOOL

What are you interested in? RESEARCH OUTPATIENT CLINICAL SHADOWING

Requested Mentor (if applicable): _____

Please explain why you are interested in volunteering at the NYU Langone Comprehensive Epilepsy Center:

Please explain what you hope to accomplish from this experience:

Please submit the following with this application form:

- **Curriculum Vitae**
- **1 – 2 Recommendation Letters**