



Submit the 4 page application by
February 21 to:
MWCABC.research@gmail.com

APPLICATION FORM FOR 2018 MSKCC INTERNSHIP

Part 1: Background Information

Name: _____

Social Security Number: _____ Email: _____

Student's Home Address: _____

City: _____ State: _____ Zip: _____

If not a resident of Manhasset, please state your connection to
Manhasset or MWCABC: _____

Home phone: _____ Cell Phone: _____

Date of birth: _____ Gender: _____

Marital Status: _____ Today's Date: _____

Part 2: Current Status

Undergrad College: _____

Year of Graduation: _____ Post grad: _____

Employment: Yes____ No__ If yes, provide dates, place & locations:



Have you ever been convicted of a crime? Yes_____No_____

If yes, provide dates, offenses and dispositions: _____

Immunization Requirement:

Date of last tetanus shot: _____ *must be within the past three years

Part 3: Lab Experience

Have you had past volunteer or paid lab experience? Yes _____ No_____

If yes, provide dates, locations and brief description: _____

Part 4: Outside Interests

Please list and briefly describe some of your outside interests: skip if on resume

Part 5: Honors and Awards

Please list any college honors or awards: skip if on resume

Part 6: Future Plans

Please state your future plans at this time and how this internship and experience could help you achieve them:



Part 7: References and Contacts

Provide one personal reference (no family members):

Name: _____ Relationship: _____ Phone number: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone number: _____

Part 8: Student Agreement

I hereby certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements will render this application void and will be sufficient cause for immediate revocation from the MWCABC Internship program. I am aware that I am applying for an assignment with no present or future promise of compensation for my services. I hereby authorize MWCABC to contact all of my educational, employment and personal references and to inquire about, investigate and obtain copies of records that relate to me from educational institutions I have attended and from my former or current employers.

If I am chosen, I agree to: (a) conform to the rules and regulations of Memorial Sloan Kettering, the lab, it's supervisor and it's researchers (b) hold confidential all information from any laboratory that I may be exposed to, directly or indirectly during the course of the Internship and (c) assign the lab where I am assigned or it's designee any works of authorship, inventions or other technology created by me during the course of my Internship.

Applicant Signature: _____ Date: _____



Part 9: Consent and Release of Liability

I understand that by participating in this internship I may be working with hazardous chemicals, lab animals, human blood and biological materials and will be provided training in the safe handling of these items. I further understand that I may be required to pass an online Biosafety Course before starting work. I hereby grant my permission to participate in the Internship program (if you are under the age of 18, a parent's signature is required).

I hereby release MWCABC from any and all liability whatsoever that may result from any inquiry, investigation, communication or injury relating to this application or in connection with my participation in this Internship . MWCABC shall not be required to expend its own funds or otherwise incur any liability in my performance in this Internship.

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

****After electronic submission is received, we will reply with an email confirmation. If you do not receive a confirmation, you may fax your completed application package to 516 365 2678. If you still do not receive a confirmation, please email Liz or Fiona at : MWCABC.research@gmail.com. Thank you and best of luck!**