

Youth Educator Badge Health Educator Application



Date:

First Name:

Last Name:

Address:

State/Province:

Zip/Postal Code:

SS Number:

Home Phone:

Cell Phone:

The Cancer Institute of New Jersey
Office of Community Outreach
Attention: Amanda Medina-Forrester
195 Little Albany St.
New Brunswick, New Jersey, 08903
Phone: 732-235-9571
Fax: 732- 235-8808
Email: medinaay@umdnj.edu

When are you available to begin to educate youth? (Date: DD/MM/YYYY)

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Any Certifications? (Please List)

Current or Past Employment

Name of Current or Past Employer:

Dates of employment: From: To:

Complete Address:

Phone #:

Job title:

Current Job Status: Full Time Part Time

Do or did you work with children: yes no

If Yes, what ages?

Volunteer Work (if applicable)

Any Volunteer Work Location:

Volunteer Work Duties

List any skills or talents you have to be a Youth Educator :

Please list 2 references

Name		
Position		
Relationship to You		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the an Educator position:

Please Return Educator Application to:

**Amanda Medina-Forrester
Email: medinaay@umdnj.edu**

**Mailing Address:
The Cancer Institute of New Jersey
Attention: Amanda Medina #5549-21
195 Little Albany Street
New Brunswick, NJ 08903**