

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City County State ZIP Code*

Years at this address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*(required for training stipend payment)*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ Are you authorized to work in the U.S.? YES ☐ NO ☐

List computer programs you have used: \_\_\_\_\_

\_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

### References

*Please list two references familiar with your **community service** activities:*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

# Chronic Disease Management Trainee Application

New Orleans, LA, September 18 - 23, 2016

## Formal Volunteer / Work Experiences

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

## Acknowledgements and Signature

*I certify that my answers are true and complete to the best of my knowledge, and that I will be available to attend the on-site training session in New Orleans, LA at the JW Marriott, New Orleans on September 18-23, 2016. If this application leads to my selection as a trainee, I understand that false or misleading information in my application or interview may result in my release. **Application deadline is August 19, 2016.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this completed application along with a legible copy of your driver's license.**

**MAIL to:**  
Coastal Resource & Resiliency Center  
TRP Bldg. III, Suite 2500  
University of South Alabama  
307 N University Blvd  
Mobile, AL 36688

**OR FAX to: (251) 461-1727**

**or email to: jlowman@southalabama.edu**