

Dear Applicant,

Thank you for your interest in the Department of Emergency Medicine Research Volunteer Program at Hennepin County Medical Center. The Research Volunteer Program is an educational opportunity for undergraduate, graduate, and post-graduate students to participate in data collection for academic research projects in the Hennepin County Medical Center’s Emergency Department. Research Volunteers are afforded the opportunity to learn basic methodologies in clinical research, interact with patients, and perform research study procedures. Assignments may include screening the emergency department for patients that meet study enrollment criteria, collecting biometric and survey data for clinical studies, and entering study data into databases for analysis.

Research Volunteers are required to volunteer 8-12 hours each week, as well as to complete 1-2 overnight shifts each month (Please note that overnight shifts are done in addition to the regularly scheduled shifts). Weekly shifts are scheduled in 4 or 8 hour blocks between the hours of 7 am and 11 pm. Overnight shifts are scheduled from 11 pm – 7 am. Weekly shifts are set for the whole term and overnight shifts are scheduled monthly. There may also be lectures, shadowing, and projects required outside of normal shifts. The Fall 2018 Research Volunteer Program will begin with orientation in **early September** and will run from **September 4th through December 23rd.** Complete applications, **including two letters of recommendation and a resume**, must be received by **July 31st**. Applicants will be notified of placement decisions by **August 15th**. Applications, resumes, and letters of recommendation should be emailed to:

Research Volunteer Program Coordinator

EDResearch@hcmed.org

Please note that application to the Research Volunteer Program will be very competitive. We will only accept approximately 45 out of approximately 150 applications. Preference will be given to applicants further along in their education with more relevant experience (juniors, seniors, college graduates, and those with previous hospital volunteering experience). If you have any questions, please contact the Emergency Medicine research office at (612) 873-7448 or EDResearch@hcmed.org.

We look forward to receiving your application,

**Brian Driver, MD**

Clinical Research Director

Department of Emergency Medicine

Hennepin County Medical Center

**Johanna C. Moore, MD**

Laboratory Research Director

Department of Emergency Medicine

Hennepin County Medical Center

**Research Coordinators**

Audrey Hendrikson

Rajesh Satpathy

Erik Fagerstrom

**HCMC Research Volunteer Program**

 **New Applicant Form**

Complete applications, including two letters of recommendation and a resume, must be received by

**August 15th**

**Background Information**

Full Legal Name (First, MI, Last)

Date of Birth

Email Address

Phone Number

Have you applied to this program before? [ ]  Yes [ ]  No

Have you ever done any research before? [ ]  Yes [ ]  No

If yes, have you done clinical research before? [ ]  Yes [ ]  No

Have you ever volunteered in a hospital before? [ ]  Yes [ ]  No

 If yes, please write a short description of your role.

How did you hear about our program?

**Student Profile**

Please confirm that you will be 18 years of age or older by September 4th, 2018 by initialing below.

\_\_\_\_\_ Yes, I will be 18 years of age or older by September 4th, 2018.

Check one of the following:

[ ]  I am a medical student [ ]  I am an undergraduate student

[ ]  I am a graduate student [ ]  I am not currently a student

[ ]  I am a post-baccalaureate student

Current or Most Recent Academic Institution \_\_\_\_\_\_\_

Degree Sought (Expected) Graduation Date

Major(s) Minor(s)

**Recommendations**

Please provide two *academic* or *professional* letters of recommendation. Your recommenders should send their letters directly to the email address listed at the bottom of this application and include a phone number at which they can be contacted. Your application will not be considered unless both recommendations are received by the deadline. Please plan accordingly.

**Please note** that if we receive more than two letters in support of you we will only consider the letters from the two people you have listed below.

Identify the two people who will be writing letters of recommendations on your behalf.

 1.

 2.

**Other Time Commitments**

Please describe any prior commitments you will have during the term. **Be honest with yourself about your availability.** We certainly understand that things can arise once the term has started that would necessitate you ceasing your volunteering with us. However, please take a good look at the number of hours required, and make sure you can commit to them.

Are you willing and able to volunteer 8-12 hours per week? [ ]  Yes [ ]  No

Are you willing and able to volunteer 1-2 overnight shifts per month? [ ]  Yes [ ]  No

**Short Essays**

What are your goals for joining the Research Volunteer Program? What do you hope to learn?

**Everyone applying to this program wants to learn about the basics of clinical research. I am going to assume you do as well, so you do not need to include this in your answer. Instead, I invite you to look a bit deeper into your reasons for applying. Use this space to speak to why the RV program in particular is intriguing to you.**

What areas of clinical research most interest you? What do you hope to learn about clinical research?

**For this question please try and give a specific answer for what about clinical research you are looking to learn about and how it is relevant to your interest in the RV Program.**

This position requires volunteers to work independently and with others, as well as to interact professionally with patients and staff. What experiences or skills make you a good candidate for the Research Volunteer Program?

Where do you see yourself in 5 years? What are your career plans?

What is a blood titer? What does it show? For help on this question, go to <http://www.bloodtiters.com/>

*The following is a hypothetical situation.*

Megan Flannery is an 85 year old female who presents to the emergency department with leg pain. She is currently living alone, but her son helps her around the house. She is alone in her room, and you approach her to ask about enrollment in the Pain Study, an observational study (a study that does not change the care she receives) about pain scales in the emergency department. She smiles, and says she is willing to hear more about the study. As you begin to explain the study to her, her son enters the room. He asks you what is going on. When you explain, he becomes visibly upset. “My mother’s very ill,” he says. “Why are you bothering her with this research?”

How would you proceed? Please explain your rationale.

*Please only answer the following question if you have submitted a previous application to the program.*

Are there are any particular experiences that you wish to share with us that you feel would qualify you to be a Research Volunteer that you were not able to share on your first application?

*You may speak about new opportunities that you have taken advantage of since your last application to the program, other events that you feel are germane to the position, or be something else entirely. This is your space to tell us why you believe you should be in the Research Volunteer Program.*

***Please email this completed application to:***

**Research Volunteer Program Coordinator**

**Department of Emergency Medicine**

**Hennepin County Medical Center**

**EDResearch@hcmed.org**