



Research Request Application Coversheet

Applicant Name _____

Phone Number _____

Academic Institution _____

Dates of Project: ____/____/____ ~ ____/____/____

Required Materials:

- Application form (3 pages including coversheet)
- Resume (Please attach)
- Research Request (description included as last page of this application.)

Please submit all completed applications via email, fax, postal mail, or in person to:

Svetlana Derevenets
Volunteer and Intern Coordinator
309 Genesee Street (Park Avenue Entrance)
Utica, NY 13501

TEL (315) 738-1083 X 134
FAX (315) 738-1168
svetlanad@mvrccr.org



Research Request Application

Date: ___/___/___

The following information will be regarded as strictly confidential

In order to prevent delay in processing your file, be sure to complete all of the information requested.

Applicant Information

Name	
Home Address	_____ (Street) (Apt.#) (City) (State) (Zip) How long have you lived at this address?
Phone	Home: - - Work: - - Cell: - -
Other	E-mail Address:
	Date of Birth : ___/___/___ Social Security Number (optional) : ___-___-___
	Emergency Contact Person : Phone : - -

Educational Institution Information

College or University Name	_____
Address	_____ (Street) (City) (State) (Zip)
Department	

For Students:

Supervisor	Name: Phone: - -
Other	Degree you are Pursuing: Expected Date of Graduation : ___/___/___



Dates of Project

Hours/Week

(# hours/week at MVRCCR)

Availability/Schedule:

Daily Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM (list times)							
PM (list times)							

Have you ever been convicted of a crime: ___Yes ___No

(Note: a conviction does not necessarily bar you from acceptance to this program)

If yes, please explain:

References

Please list two references in addition to supervisor listed above (e.g., professors, mentors, etc. Do not list relatives)	
1. Name :	Relationship :
Address :	Phone :
2. Name :	Relationship :
Address :	Phone :

I understand that by submitting this application, I authorize a criminal records and a child abuse state central registry check to be made concerning my suitability as an intern. In addition, the information in this application and otherwise obtained will be used only for the purpose of determining my eligibility as an intern. All information will be held in confidence. Criteria used in the selection of staff will be such as to insure that the individual is able to meet the responsibilities of the MVRCCR Intern Program. No individual will be rejected on the basis of race, color, religious creed, national origin, sex, age or marital status.

I hereby attest that all information given in this application is true to the best of my knowledge.

Date: ___/___/___

Applicant's signature: _____



Research Request form

*Thank you for your interest in the
Mohawk Valley Resource Center for Refugees.*

Please submit the Research Request as part of either the MVRCCR Internship Application or Volunteer Application. Please type the answers to the following questions, and be sure to write your name and “Research Request Proposal” on each page.

- 1. Please provide a brief description of your intended project.**
- 2. What role will MVRCCR have in your project? Please be specific about what exactly our staff will be asked to do in order for you to complete this project.**
- 3. What benefit will there be to refugees and immigrants?**
- 4. Are there any potential risks to refugees and immigrants?**
- 5. What is your proposed timeframe? Please include a start date, end date, and an approximate timeline of activities that will take place throughout the duration of this project. Please provide detailed information about the types of activities you expect to perform.**
- 6. Please state the project’s goals, objectives, and anticipated outcomes. How will you measure the project’s success?**
- 7. Are there any other partners in this project, such as colleagues or other community agencies? How will efforts be coordinated? How will information be disseminated?**
- 8. Why is the Mohawk Valley Resource Center for Refugees critical in making this project happen?**

Project requests will be reviewed by the Executive Director, and a response will be given as soon as possible following a request. By submitting this request, you agree that MVRCCR will have access to all findings, and receive a copy of the final report.