

PHYL'S ACADEMY

(REBIRTH TECHNOLOGIES, INC)

TOGETHER WE ARE HELPING OUR STUDENTS TO LEARN BIOTECHNOLOGY AND BECOM SELF-SUFFICIENT

Volunteer Application

Position of Interest: _____ Date: _____

Salutation: Last Name: _____ First name: _____ Middle Name: _____

Profession: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____ Web Address: _____

Florida Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are you willing to volunteer? Yes___ No___ Are you 18 years of year or over? _____

Are you eligible to work in United States (current work visa, permanent residency or U.S. Citizenship?) _____

Desired Location:

Desired location Home: _____ At the School: _____ Available for assignment: _____

Are you available for an assignment now? Yes___ No___ If not when? _____

Language Skills:

Language: _____ Basic___ Proficient___ Fluent:___

Language: _____ Basic___ Proficient___ Fluent:___

Language: _____ Basic___ Proficient___ Fluent:___

Professional Skills:

(indicate only those skills in which you have at least five years of work experience)

___Financial Management	___Research	___Botany
___Agronomy	___Manufacturing	___Fundraising
___Biology	___Grant Writing	___Chemical Engineeringt
___Bioscience	___Animal Science	___Writing (technical, etc.) _____
___Biotechnology	___Biochemistry	___Other _____

Business Areas:

Chemistry Biotechnology Farming _____
 Electronics Molecular Biology Medical Devices _____
 Physics Fishing Software _____
 Zoology Mining Other _____
 Education Genetics Other _____

Professional Credentials:

Please list your professional registration, certifications, licenses: _____

Educational History:

	Name and Address of School	Did you graduate?		Degree Obtained	Major
		YES	NO		
High School					
College					
Grad School					
Other					

Employment History:

1. Employer: _____ **Position:** _____
 Employer Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____
 Type of Business: _____
 Description of Responsibilities: _____

 Start Date: _____ End Date: _____ Reason for leaving: _____

Name of last Supervisor: _____ May we contact the person? _____

2. Employer: _____ **Position:** _____
 Employer Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____
 Type of Business: _____

Description of Responsibilities: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

Name of last Supervisor: _____ May we contact the person? _____

3. Employer: _____ Position: _____

Employer Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Type of Business: _____

Description of Responsibilities: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

Name of last Supervisor: _____ May we contact the person? _____

Please explain any gaps in employment: _____

International Experience:

Do you have biotechnology agriculture work experience in your professional areas? Yes__ No__

With what company did you work? _____

What countries have you visited and for how long? _____

In what countries would you like to volunteer? _____

For how long could you volunteer with a school enterprise? _____

Do you have access to biotechnology resources? Yes__ No__ Explain: _____

Do you know of others that would be interested in volunteering? _____

References:

Three professional references are required from persons qualified to evaluate your professional and personal qualifications.

1. Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email address: _____

Name of company at which you worked with this person: _____

2. Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email address: _____

Name of company at which you worked with this person: _____

3. Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email address: _____

Name of company at which you worked with this person: _____

Attachments:

1. Cover letter (optional)

2. Resume (A recent copy of your resume)

Comments/Suggestions: _____

PLEASE READ AND ACKNOWLEDGE

I agree that any false statement on this form or in a personal interview shall be sufficient cause for rejection or dismissal. I hereby grant permission for review of any of the information included on this form. I hereby authorize Phyl's\Rebirth and/or its agents to investigate my background to determine any and all information of concern regarding my application, whether same is of record or not. I release employers and persons named on this form from all liability for any damages on account of his/her furnishing said information. I understand that proof of current registration, licensure, and transcripts from the school granting last academic degree (and other transcripts upon request) may be required before any Phyl's\Rebirth appointment can be finalized.

Signature