

Application Form: Infant Development Lab

Name: _____ Year/College: _____

Home phone: _____ preferred phone

Cell phone: _____ preferred phone

UCSC email: _____ preferred email

Alternative email: _____ preferred email

Address: _____

1. Do you have experiences with children? If so, describe them.

2. What course(s) have you taken in the developmental psychology field?

3. Check off the shifts that you are available, and put a * on your preferred shifts:

Monday _____ 9-12 _____ 12:30-3:30 _____ 3:30-6:30

Tuesday _____ 9-12 _____ 12:30-3:30 _____ 3:30-6:30

Wednesday _____ 9-12 _____ 12:30-3:30 _____ 3:30-6:30

Thursday _____ 9-12 _____ 12:30-3:30 _____ 3:30-6:30

Friday _____ 9-12

****Note: You will need to make these time slots available throughout the entire quarter.**

4. Have you worked in any research labs before? If yes, which lab(s) and when?

5. Will you be able to participate for two quarters? (Returning students: skip this question.)

Yes Maybe No.

6. Your GPA: _____