

Positive Youth Development Lab (PYDL)

APPLICATION TO JOIN PYDL

Name: _____ Local Phone: _____

Other phone: _____ Email: _____

Year in Grad Program: _____ Major: _____ Major GPA: _____

How does the PYDL relate to your research interests?

Please list previous Psychology and Education courses taken. In particular, highlight any courses and knowledge gained from those courses that directly relate to the responsibilities of being a member of the PYDL.

Describe your previous volunteer and work experience with children, families, and teachers.

Previous research related experiences (If you worked on a research team, please list the name of the faculty advisor and position, duties and responsibilities, and acquired skills):

Research Experience/Faculty Advisor	Position/Duties	Acquired Skills

In what ways, if any, have your aforementioned volunteer and research experiences contributed to your research interests?

Please tell us any additional skills not previously discussed that you think will be an asset to our research team:

LIST TWO FACULTY MEMBERS AS REFERENCES:

Name of Faculty/Email address	Department	Course Taken/Semester

Date Received _____

List your availability here by blocking off times that you are not available.

		<i>Day of Week</i>						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time of Day	8:00							
	8:30							
	9:00							
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7:30								
8:00								

Name: _____

Phone #: _____

Email: _____

Please return completed application to or submit via email:

Dr. Scott L. Graves Jr.
 Duquesne University
 Department of Counseling, Psychology and Special Education
 School Psychology Program
 G9D Canevin Hall
 Pittsburgh, PA 15282

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 Phone: 412-396-4477
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