

Conquering Diseases Research Volunteer Program



Today's Date _____

Last Name _____ First Name _____ MI _____

Date of Birth _____

Street Address _____ Apt. _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

What is the best way to contact you? _____

Are you currently being cared for by a UMass health care provider? Yes No

Ethnicity/Race **Optional - Check All That Apply**

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian/Alaska Native Asian White Black/African American

Native Hawaiian/Pacific Islander Not Specified/Unknown Other _____

Clinical Research Trial Categories **Check All Categories That Interest You**

- | | | |
|--|--|---|
| <input type="checkbox"/> All Research Studies | <input type="checkbox"/> Cancer | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Addiction Studies | <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Men's Health |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Diabetes/Endocrine System | <input type="checkbox"/> Muscle Disorders |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Digestive System | <input type="checkbox"/> Obesity/Weight Control |
| <input type="checkbox"/> ALS | <input type="checkbox"/> Genetics | <input type="checkbox"/> Pain Control |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Headaches | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Arthritis/Rheumatologic Disorders | <input type="checkbox"/> Healthy Volunteer Studies | <input type="checkbox"/> Skin Diseases |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart/Cardiovascular/Blood Pressure | <input type="checkbox"/> Sleep Studies |
| <input type="checkbox"/> Autism | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Behavioral Research | <input type="checkbox"/> Huntington's Disease | <input type="checkbox"/> Vision/Eye |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Bone Disorders | <input type="checkbox"/> Kidney and Urinary Tract | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Brain/Spinal Cord/Neurology | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Other _____ |