surgicorps INTL

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Phone: 412-767-4185
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tripvolunteer@surgicorps.org
www.surgicorps.org

CONTACT INFORMATION - ***Please type or print legibly*** Date _____

Name _____

Address _____

City_____ State _____ Zip _____

Country_____ Telephone number(s) _____

Email Address _____

Please complete the following information. You will be contacted by a Surgicorps International staff person to discuss your application.

Date of Birth_____ Sex ☐ Female ☐ Male

Do you have a valid passport? ☐ Yes ☐ No Country of Issue _____

Please list languages other than English that you speak, read and write. Select your skill level for each language.

Language_____	Basic	Intermediate	Fluent
Read	☐	☐	☐
Write	☐	☐	☐
Speak	☐	☐	☐

Language_____	Basic	Intermediate	Fluent
Read	☐	☐	☐
Write	☐	☐	☐
Speak	☐	☐	☐

Do you have IT skills in the following? ☐ Microsoft Office ☐ Database Management

Do you have photography skills? ☐ Yes ☐ No

Where did you first hear about Surgicorps International?

☐ Former/Current Volunteer (provide name of volunteer) _____

☐ Surgicorps International staff person or board member (provide name) _____

☐ Informational Session/Booth (provide session/booth location) _____

☐ Other (please specify) _____

I am interested in (please check one): ☐ Medical volunteer opportunities* ☐ Non-medical volunteer opportunities

** Medical volunteers will need to provide copies of their medical licenses prior to assignment*

I am interested in being considered for (name country) _____ mission in the year _____

Professional Reference
Name _____
Address _____
City_____ State _____Zip code _____
Email_____
Phone_____

Professional Reference #2
Name _____
Address _____
City_____ State _____Zip code _____
Email_____
Phone_____

Medical Professionals Only
Type of Medical License
☐ Physician
☐ Physician Assistant
☐ Other _____

Specialty _____
License Type_____

Please provide information about your medical experience including years of practice, specific populations you have treated, medical volunteer experience, and any information about your medical background you would like us to consider.

_____
_____
_____
_____
_____
_____
_____

For Non-medical Volunteers
Please describe any experiences working with underserved communities and populations. What types of duties did you perform? What skills did you gain in those experiences?

_____
_____
_____
_____
_____
_____

Personal Statement

Please provide a written statement describing what you hope to accomplish and what you expect to gain by volunteering for Surgicorps International. (You may use a separate sheet of paper.)

I hereby declare the foregoing information is true and complete to the best of my knowledge.

_____ _____

Signature of Applicant Date

Please email, mail or FAX this application to: **Surgicorps International**
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