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**surgicorps**INTL

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language _____	Basic	Intermediate	Fluent
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

*Volunteer Application*

**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.

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**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?

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