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Glenshaw, PA 15116
Phone: 412-767-4185
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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

Is your spouse and/or family member also applying for volunteer opportunities with Surgicorps International? Yes No If yes, please provide name of spouse or family member

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

Table with 4 columns: Language, Basic, Intermediate, Fluent. Rows for Read, Write, Speak.

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Where did you first hear about Surgicorps International?

- Former/Current Volunteer (Name of volunteer)
Surgicorps International staff person or board member (Name)
Informational Session/Booth (location)
Internet
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 _____

Personal Reference (non-family members whom you have known for at least two years)

Name _____

Address _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Medical Professionals Only

Type of Medical License

- M.D. Specialty _____
- Nurse License Type _____
- Physician Assistant
- Other _____

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?

APPLICANT NAME _____
Volunteer Application

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 mail or FAX this application to: **Surgicorps International**
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