



3392 Saxonburg Boulevard Suite 400  
Glenshaw, PA 15116  
Phone: 412-767-4185  
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**surgicorps**INTL

tripvolunteer@surgicorps.org  
www.surgicorps.org

CONTACT INFORMATION - *Please type or print legibly*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Telephone number(s) \_\_\_\_\_  
Email Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Sex  Female  Male  
Do you have a valid passport?  Yes  No Country of Issue \_\_\_\_\_

All volunteers, once assigned to a team, will need to provide a current state child abuse clearance and criminal background check.

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

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

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 being considered for (name country and year)  
1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

**Personal Statement**

Please provide a written statement describing why you want to be considered for participation, your expectations for volunteering and prior mission experience (if applicable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*Volunteer Application*

If non-medical, please describe any experiences working with underserved communities and populations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Professionals Only**

Physician - Specialty \_\_\_\_\_

Physician Assistant

Registered Nurse

Other \_\_\_\_\_

Please provide information about your medical experience including years of practice, range of patient ages, scope of practice, medical volunteer experience, and any information about your medical background you would like us to consider.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Reference (all volunteers)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Professional Reference #2 (all volunteers)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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**  
**3392 Saxonburg Boulevard Suite 400**  
**Glenshaw, PA 15116**

**Email: [tripvolunteer@surgicorps.org](mailto:tripvolunteer@surgicorps.org)**  
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