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**surgicorps**INTL

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**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).

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

