



3392 Saxonburg Boulevard Suite 400
Glenshaw, PA 15116
Phone: 412-767-4185
Fax: 412-767-4916

surgicorpsINTL

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.

	Basic	Intermediate	Fluent
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

Phone: 412-767-4185

Fax: 412-767-4916