



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).

