



**surgicorps**INTL

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

[www.surgicorps.org](http://www.surgicorps.org)

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CONTACT INFORMATION - *Please type or print legibly*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

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

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I am interested in (*please check one*)

**Medical volunteer opportunities**

- ☐ Surgeon
- ☐ Surgery assist (resident, PA, RN with scrub experience)
- ☐ Anesthesia
- ☐ Circulator
- ☐ Other (example: recovery)

**Non-medical volunteer opportunities**

- ☐ Hospital volunteer
- Sports clinic volunteer

I am interested in being considered for (name country and year)

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

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

		Basic	Intermediate	Fluent
Language: _____	Speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language: _____	Speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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) \_\_\_\_\_

**Personal Statement**

Please provide a written statement describing why you want to be considered for participation, your expectations for volunteering and prior mission experience, or experience with underserved populations.

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

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

Volunteer Application (continued)

**Medical Professionals Only: Please choose the most appropriate:**

MD/DO

Current area of practice: \_\_\_\_\_

CRNA

PA

Resident

NP

RN

Surgical Technician

OT

Other: \_\_\_\_\_

Do you have suturing experience? ☐ Yes ☐ No

Are you retired? ☐ Yes ☐ No

Do you have an active medical license? ☐ Yes ☐ No

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 #1 (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)**  
**Phone: 412-767-4185**  
**Fax: 412-767-4916**