



**Your Specialty (please check one)**

Operating Room R.N.     Anesthesia Recovery Room     Nurse Educator

**Your Contact Information**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Office Telephone \_\_\_\_\_

**Employment Information:**

Please attach a copy of your current resume. List below your work experience within the last five years, specifying employer and dates (unless this information is completely outlined on your resume). Please attach additional pages if necessary. \_\_\_\_\_

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

***PACU Nurses Only:*** List below your PACU experience in the past two years, including types of patients and the percentage of pediatric patients.

Certification:  PALS  
 ACLS  
 CPAN / CAPA  
 Other \_\_\_\_\_

*Have you ever presented in-services or other educational programs?*

No  
 Yes: Please list topics:

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

Have you done volunteer work for any other organizations? \_\_\_\_\_

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

Which language(s) are you fluent in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about ReSurge International? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you referred by anyone? Please provide his/her name: \_\_\_\_\_

Are you available on a last minute basis?    \_\_\_ No    \_\_\_ Yes

1. Do you have any physical or mental disability that impairs or could impair your ability to carry out your professional obligations (please consider all types of physical or mental disability, including past or present substance abuse)? \_\_\_\_\_

2. Are you suffering from any communicable health condition that could pose any significant health and safety risk to patients? \_\_\_\_\_

3. In the past five years, including the present, have you had a history of chemical dependency or substance abuse that might adversely affect your ability to competently and safely perform the functions of the coordinator/translator? \_\_\_\_\_

If you answered yes to any of the above, please describe below all physical or mental disabilities that you have which impair or could impair your ability to carry out your professional obligations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“I certify that the above information is accurate, true and complete to the best of my knowledge, and that this information may be used to determine my eligibility to volunteer for ReSurge International.”

Signature \_\_\_\_\_ Date \_\_\_\_\_