



# ReSurge

INTERNATIONAL

## Surgery Application

Date \_\_\_\_\_

Please complete this form and send to our office with the following items:

- Three letters of reference, preferably from three people in your field who have worked with ReSurge International
- Letter explaining your interest in volunteering with ReSurge International, describing any experience you may have working or traveling in lower middle-income countries LMICs
- CV
- Copy of current license
- Copy of medical school diploma

Please send to your completed application to:

Email to: [dora@resurge.org](mailto:dora@resurge.org)

Mail to:

ReSurge International ATTN: Dora Rusin-Gomez

Director, Volunteer Services & Medical Supplies

756 N. Pastoria Ave., Sunnyvale, CA 94085

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

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

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

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

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

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

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

Are you board-certified or board-eligible (circle one)?                      Yes                      No

I would be considered a specialist in:

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

I am very competent to perform the following (circle all that apply):

Cleft Lip	Cleft Palate	Microsurgery
Hand Surgery	Burn Reconstruction	Eyelid Ptosis
Microtia	Oculplastic Reconstruction	General Reconstructive &
Maxillofacial Surgery	Craniofacial Surgery	Flap Surgery

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

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

In what languages are you fluent? \_\_\_\_\_

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

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

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

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 surgeon? \_\_\_\_\_

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 \_\_\_\_\_