



ReSurge  
INTERNATIONAL

## Anesthesia Application

Date \_\_\_\_\_

Please complete, save, and email/mail this form 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, 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

Email to:

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 \_\_\_\_\_

Because we have different kinds of trips, we have different anesthesia needs. Please answer the following questions about your anesthesia experience and practice:

Are you board-certified or board-eligible? \_\_\_\_\_

How many days per week do you work? \_\_\_\_\_

How many pediatric patients a week do you treat? \_\_\_\_\_

How many peripheral nerve blocks or extremity nerve blocks do you do in adults? \_\_\_\_\_  
In children? \_\_\_\_\_

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

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

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 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 \_\_\_\_\_