



## **OR Nurse Application**

Date \_\_\_\_\_

### **OR Nurse Minimum Requirements**

1. Current RN licensure with current BLS certification. PALS and ACLS are encouraged, but not required.
2. Minimum of three years operating room experience in a hospital, surgical center or office setting with OR suites.
3. Candidate must be currently working as an operating room nurse and must work a minimum of 400 hours/year in an OR setting.
4. Candidate must have at least two years OR experience which has included plastic and ENT exposure. Patient populations should include both adult and pediatric patients.
  - A. RN First Assistants are eligible but must agree to participate exclusively as an OR nurse. No first assisting is allowed at this time.
5. Letter of recommendation from current, immediate supervisor.
6. Ability and willingness to teach host colleagues in the OR with formal and informal educational sessions. May also be utilized on the nursing wards to teach patients/families and local nurses about the care of surgical wounds post op.
7. Personal characteristics must include comfort with pediatric and adult patients, flexibility, the ability to work well within a team, cooperation, good communication skills, inventive skills, a positive attitude and tolerance of stress under conditions of hard work and long hours.
8. Physical capabilities must include the ability to work long hours, often under varying environmental conditions, as well as the absence of physical impairments which would hinder one's ability to fully function as a team member.
9. Sensitivity to cultural differences and the appropriate public relations skills.
10. Preference may be given to nurses with fluency in the native language of the trip site.

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 International, describing any experience you may have working or traveling in lower middle-income countries LMICs

CV

Copy of current license and 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

**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 been 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

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)?

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

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. \_\_\_\_\_

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“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 \_\_\_\_\_