



UC Irvine Health

Summer Surgery Program

Alumni Mentor Application

(Email completed application to summersurgery@uci.edu)

Personal/Contact Information	
Name (Last, First, MI):	
Mailing Address:	
City, State, Zip:	
Telephone (Home):	Cell Phone (Student):
Email (Student):	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
T-Shirt Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL Scrubs Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL White Coat Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
Ethnicity/Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black Caucasian/White <input type="checkbox"/> Decline to state	



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Please choose your first priority for session scheduling:

Session I: July 9th through July 20th

Session II: July 23rd through August 3rd

I am available to participate in any session

School Information

Name of College/University:

School/University Address:

City, State Zip:

Current Grade Level:

Emergency Contact Information

Contact Name (Last, First):

Relationship to Applicant:

Emergency Contact E-mail:

Emergency Contact Daytime Phone:

Emergency Contact Cell Phone Number:

Please describe why you would like to join the Summer Surgery Program's leadership team as a returning alumni mentor and what experiences you've had that you may be able to share with our students. What specifically will you add to this year's program by participating as a mentor? *(Please attach your short essay answer to the end of this application on the next page)*

By typing my name below, I certify that all the information provided in this application is correct:
