

UC Irvine Health

Summer Surgery Program College Coach Application

(Email completed application to summersurgery@uci.edu)

Personal/Contact	nformati	ion					
Name (Last, First, MI):							
Mailing Address:							
City, State, Zip:							
Telephone (Home):					Cell Phone (Student):		
Email (Student):							
Date of Birth:				0	Gender:		
					☐ Male	☐ Female	
T-Shirt Size:	\square xs	\square S	\square M		\square XL		
Scrubs Size:	\square xs	\square S	\square M		\square XL		
White Coat Size:	□ xs		□ M		□ XL		
Ethnicity/Race:							
☐ American Indian/Alaskan Native				[☐ Hispanic/Latino		
☐ American Asian				[\square Native Hawaiian/Pacific Islander		
☐ Asian				[☐ Other		
☐ Black Caucasian/White					☐ Decline to state		



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Please Note: Applicants must be able to participate as a College Coach for Session II only and must be willing to chaperone our students overnight at the UC Irvine Dorms on main campus. A scholarship of \$550 will be awarded to individuals selected.

Session II: July 22nd- August 4th (Includes check-in/-out dates)

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
college coach and what experiences you've	e 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 you
short essay answer to the end of this applic	ation on the next page)
By typing my name below. I certify that all	the information provided in this application is correct: