



UC Irvine Health

Summer Surgery Program

Laboratory Specialist 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 Note: Applicants must be able to participate as a Laboratory Specialist for both Sessions I & II and must be willing to instruct in surgical skills workshops. A scholarship of \$1000 will be awarded to individuals selected.

Session I: July 9th - July 20th

Session II: July 23rd - August 3rd

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 laboratory specialist 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 an instructor?
(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:
