



UCI 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:
E-mail:	
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 (Please specify below):
<input type="checkbox"/> Black	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Caucasian/White	



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Please choose your first priority for session scheduling:

Session I: July 8th through July 19th

Session II: July 22nd through August 2nd

School Information

Name of Current School/University:

School/University Address:

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 a separate page)

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