

UCI Health

Summer Surgery Program College Coach Application

(Email completed application to summersurgery@uci.edu

Personal/Contact Information							
Name (Last, First, M	I):						
Mailing Address:							
City, State, Zip:							
Telephone (Home):				Cell Phon	e:		
E-mail:			,				
Date of Birth:				Gender:	☐ Male	Female	
T-Shirt Size:	☐ xs	□ s	M	L	☐ XL	☐ XXL	
Scrubs size:	☐ xs	□ S	□ м	□ L	☐ XL	☐ XXL	
White coat size:	☐ XS	□ S	ШМ	L	☐ XL	XXL	
Ethnicity/Race:							
American Indian/ American Asian Asian Black Caucasian/White		tive		Native Other	-	Pacific Islander cify below):	



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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 \$750 will be awarded to individuals selected.

Session II: July 21st through August 3rd (includes check-in/-out dates)

School Information	
Name of Current School/University:	
School/University Address:	
Schooly Offiversity Address.	
Current Grade Level:	
Emergency Contact Information	
Contact Name (Last, First):	
Relationship to Applicant:	Emergency contact E-mail:
5	
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 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: