



# UCI Health

## Summer Surgery Program Laboratory Specialist Application

Email completed application to [summersurgery@hs.uci.edu](mailto:summersurgery@hs.uci.edu)

**Session I: July 11<sup>th</sup> – July 22<sup>nd</sup> and Session II: July 25<sup>th</sup> – August 5<sup>th</sup>**

**Please note:** Laboratory Specialists must be available for both Sessions I & II and must be willing to instruct in surgical skills workshops.

*This is a paid position. Be advised taxes will be deducted.*

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"/> 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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### 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 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 a separate page)*

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