



UCI Health

Summer Surgery Program Alumni Mentor Application

Email completed application to summersurgery@uci.edu

Alumni Mentors will receive \$500 (minus taxes) for the two-week period.

| 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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Please choose your first priority for session scheduling:

Session I: July 6th through July 17th

Session II: July 20th through July 31st

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: