



# UCI Health

## Summer Surgery Program College Coach Application

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

Session II: July 19<sup>th</sup> through July 31<sup>st</sup> (includes check-in/out dates)

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"/> American Asian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other (Please specify below): <input type="checkbox"/> Decline to state



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**Please note:** College Coaches must be willing to chaperone our students overnight at the UC Irvine Dorms on main campus.

College Coaches will receive \$1250 for their time in the program.  
Be advised taxes will be deducted.

### 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 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: