UCI Health
Summer Surgery Program
Laboratory Specialist Application
Email completed application to summersurgery@uci.edu

Session I: July 6th through July 17th and Session II: July 20th through July 31st

Personal/Contact Information
Name (Last, First, MI):
Mailing Address:
City, State, Zip:

Telephone (Home):	**Cell Phone:**

E-mail:

Date of Birth:	**Gender:** ☐ Male ☐ Female

T-Shirt Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Scrubs size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

White coat size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Ethnicity/Race:

☐ American Indian/Alaskan Native
☐ American Asian
☐ Asian
☐ Black
☐ Caucasian/White

☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Islander
☐ Other (Please specify below):
☐ Decline to state

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

Lab Specialists will receive $1000 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 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: