



SUMMER SURGERY PROGRAM

UC IRVINE SCHOOL OF MEDICINE

Phone: 714-456-6047

E-mail: summersurgery@uci.edu

2015 College Coach/Dorm Chaperone Application

Personal/Contact Information	
Name (Last, First, MI):	
Mailing Address:	
City, State, Zip:	
Telephone (Home):	Cell Phone:
E-mail:	Social Security No:
Date of Birth (MM/DD/YYYY)**:	Gender (Circle One): <input type="checkbox"/> Male <input type="checkbox"/> Female
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"/> Caucasian/White <input type="checkbox"/> Decline to answer	

Please note: Applicants must be able to participate as a College Coach for BOTH sessions and must be willing to chaperone our students overnight at the UC Irvine Dorms on campus for Session II only.

Session I: July 6th through July 17th

Session II: July 20th through July 31st

School Information	
Name of Current School/University:	
School/University Address:	
City, State, Zip:	
Current Grade Level:	

Emergency Contact Information	
Contact Name (Last, First, MI):	
Relationship to Applicant:	Emergency contact E-mail:
Emergency contact Daytime Phone:	Emergency contact Cell Phone Number:

Please describe why you want to participate in the School of Medicine's Summer Surgery Program (minimum of 750 characters, maximum of 1200 characters or 150-200 words):

I certify that all the information provided in this application is correct: