



**Trip Coordinator/Translator Application**

Date \_\_\_\_\_

Please complete this form and send to our office with the following items:

- Three letters of reference
- Letter explaining your interest in volunteering with ReSurge International (formerly Interplast)

Please send to your completed application packet to:

ReSurge International  
ATTN: Amy Laden, Director, International Services  
857 Maude Ave.  
Mountain View, CA 94043

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Office Telephone \_\_\_\_\_

Which language(s) are you fluent in? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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How did you hear about ReSurge International (formerly Interplast)? \_\_\_\_\_

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Have you done volunteer work for any other organizations? \_\_\_\_\_

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1. Do you have any physical or mental disability that impairs or could impair your ability to carry out your professional obligations (please consider all types of physical or mental disability, including past or present substance abuse)? \_\_\_\_\_

2. Are you suffering from any communicable health condition that could pose any significant health and safety risk to patients? \_\_\_\_\_

3. In the past five years, including the present, have you had a history of chemical dependency or substance abuse that might adversely affect your ability to competently and safely perform the functions of the coordinator/translator? \_\_\_\_\_

If you answered yes to any of the above, please describe below all physical or mental disabilities that you have which impair or could impair your ability to carry out your professional obligations. \_\_\_\_\_

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“I certify that the above information is accurate, true and complete to the best of my knowledge, and that this information may be used to determine my eligibility to volunteer for ReSurge International.”

Signature \_\_\_\_\_ Date \_\_\_\_\_