



Medical Volunteer Application

Thank you for your interest in Rotaplast! We are delighted you've decided to apply as a volunteer.



Julene Hunter
Executive Director

Directors
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Chair

Michael Fish
Vice Chair

Granger Wong MD
Medical Chair

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Treasurer

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Peter Lagarias

Donato LaRossa MD
Roland Minami MD

Glenn Molyneaux MD
Scott Rollins

Donna-Lee Rubin
William Spalding CPA
Hugh Vu MD

Angelo Capozzi MD
Medical Director

Fundamental to our vision, Rotaplast is one of a few humanitarian medical organizations where surgical teams and non-medical volunteers work side-by-side. As in any hospital or business place, standards of professional conduct expected at home apply when abroad regardless of the team position. Missions are not for casual travelers. Rotaplast's reputation is built on the professional conduct and safety of our teams. If your plan is to sightsee, party, vacation and relax, a Mission experience is not for you. While we try to make you as comfortable as possible, you can expect long work hours; physical exhaustion; basic lodging (sometimes dormitories/ barracks); a wide variety of local customs and food, and few amenities. As a Rotaplast volunteer you commit to: work hard, behave professionally and to act as a diplomat during the entire Mission. You can also expect one of the most affirming experiences of your life.

Each year we have a finite supply of spaces and we place a high value on our volunteer positions. As a mission volunteer, we ask you to support our work on site and once you return as part of our Alumni. Once assigned, you become a representative of Rotaplast, your country and your profession. We ask you to approach volunteering with us as seriously as we take our mission to provide the highest quality medical services to children in need around the world.

I Agree to Conduct myself accordingly _____
Initial

Ready for the challenge?

1. Read the Statement of Professional Conduct above
2. Complete the application. Please type or print legibly. Your application must include:
 - a. Completed Application Form
 - b. Photocopy of your current passport and credentials (see end of form)
3. Please return the application and supporting materials to:

Rotaplast International Inc. 1663 Mission Street, Suite 320 San Francisco, CA 94103

Personal Information

- | | | | | |
|---|---|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Reconstructive Plastic Surgeon | <input type="checkbox"/> Anesthesiologist | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Dentist | <input type="checkbox"/> Orthodontist |
| | <input type="checkbox"/> OR Nurse | <input type="checkbox"/> PACU Nurse | <input type="checkbox"/> CRNA | <input type="checkbox"/> Speech Pathologist |

NAME Last _____ First _____ Middle _____

HOME Address _____ Street _____ City, State, Zip _____

Tel _____ Fax _____ E-mail _____

WORK Address _____ Street _____ City, State, Zip _____

Tel _____ Fax _____ E-mail _____

Rotaplast International
1663 Mission Street
Suite 320
San Francisco, CA
USA 94103

T 415/252.1111
F 415/252.1211
www.rotaplast.org

Rotary Information*

Are you a Rotarian? Yes No (if yes, please complete this section)

Rotary District Number _____ Rotary Club Name _____ Location _____

Positions held _____

* Medical Volunteers do not need to be Rotarian. Most Missions are sponsored or underwritten by Rotarians in the USA and Canada. First priority for non-medical volunteers is given to members of sponsoring Districts and Clubs. Non-Rotarians are accepted if space and specific needs (i.e. translators) are needed for a site.

Health Information

Rotaplast requires all volunteers to have the following vaccinations:

Hepatitis A (series of 2 shots)

Hepatitis B (series of 3 shots)

Please list any medical conditions we should be aware of

Please list any prescribed medications you are taking

Travel Information

Note: Your passport MUST be valid for at least 6 months after your return date.

Please keep this in mind when you are chosen for a mission.

Name as it appears on passport

Date of birth

Passport #

Date of expiration

Nationality

Issuing Country

Major Departure City:

Note: Rotaplast International will cover the airfare for medical volunteers from major airports in US and Canada. All volunteers requesting to depart from a non-major airport may be subject to additional fees. International applicants, please contact our office for Rotaplast International's travel policy.

Your Interest and Skills

Prior experience with Medical Missions:

Are you interested in a specific Mission or Date?

What languages do you speak fluently?

What else should we know about you?

Completing your Application

Please make sure you have completed the following:

- Read and agree to Statement of Professional Conduct by initialing
- Please attach C.V. or resume
- Include a Cover Letter explaining expertise in care for cleft lip/palate patients
- Include a copy of your Passport (please copy on "fine" setting for legibility)
- Clear copy of Diploma (please reduce to 8 1/2 x 11)
- Clear copy of Board Certification
- Clear copy of applicable Licenses (Nurses: only PACU or OR expertise please)
- Signed and dated the application (below)

Specified Documents must be very clear for Foreign Health Ministries

PLEASE DO NOT FOLD DOCUMENTS - MAIL FLAT

Signature

Date

Network:

Medical Committee:

For Office Use Only

Input:

Filed: