# SCIP.gifUCLA_HealthSystem_RGB

# Surgical Quality Volunteer Internship Application

In addition to completing this application, please submit your resume or CV detailing your work and volunteer experience and any other professional or academic accomplishments. You may attach a 1 page supplement to this application if you need more space to answer the questions asked below. A cover letter is not required but can be submitted if you would like to share additional information (no more than 1 page). Two letters of recommendation from direct supervisors or professors are required; no more than 3 letters will be accepted. Please submit this application and all attachments in PDF format.

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| Contact Information | | | | |
|  | | | | |
| Name |  | | | |
| Street Address |  | | | |
| City, ST, Zip Code |  | | | |
| Home Phone |  | | Cell Phone | |
| E-Mail Address |  | | | |
| Availability | | | | |
| How many hours per week are you available for volunteer internship duties? | | | | |
|  | | | | |
| Weekday (Days/times)  Weekend (Days/times) | |  | | |
| Academic Background | | | | |
| Name of School  (Highest Level) |  | | | |
| Field of Study |  | | | |
| Years completed |  | | Date of Graduation | |
| Career goals in pursing this major |  | | | |
| Additional Degrees, Diplomas or Certificates  (specify if completed or still in progress) |  | | | |
| Interests & Qualifications | | | | |
| Why are you interested in a Surgical Quality Volunteer Internship Program?  What motivates you most about pursuing a career in healthcare? | | | | |
| What exposure or experience have you had to the healthcare field?  What are the qualities you feel are most important in a healthcare provider? | | | |
| Person to Notify in Case of Emergency | | | | |
|  | | | | |
| Name | | | | | |
| Relationship | | | | | |
| Street Address | | | | | |
| City, State, ZIP Code | | | | | |
| Phone Number (s) | | | | | |
| E-Mail Address | | | | | |
| Agreement and Signature | | | | |
| By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. | | | | |
|  | | | | |
| Name (printed) | | | |  | |
| Signature | | | |  | |
| Date | | | |  | |

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| Our Policy |
| UCLA Health System provides equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.  **Thank you for your interest in our Surgical Quality Volunteer Internship Program!** |