



Saving smiles, changing lives.

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Medical Volunteer Application

Rotaplast International is one of the few humanitarian medical organizations that has non-medical volunteers working side-by-side with our medical volunteers to produce missions that change lives forever. All of our volunteers are expected to adhere to the same standards of professional conduct that are expected at any business or hospital at home. Rotaplast’s reputation is built on the professional conduct and safety of our teams. Missions are not for casual travelers. If your plan is to sightsee, party, or vacation, a Mission experience is not for you. While we try to make you as comfortable as possible, you can expect long working hours, physical exhaustion and basic lodging (sometimes dormitories/barracks).

As a Rotaplast volunteer your commitment is to work hard, behave professionally, and act as a diplomat during the entire Mission. Our volunteers experience a wide variety of local customs and food. They also have life affirming experiences.

Each year we have a limited number of spaces on our missions. As a mission volunteer, we ask you to represent Rotaplast. Upon your return, we consider you part of the Rotaplast family. Together we endeavor 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 and initial the Statement of Professional Conduct above.
2. Complete the application. Please type or print legibly. Your application must include:
 - a. The completed application form
 - b. A clear photocopy of your current passport
 - c. Clear copies of the required credentials (see end of form)
3. All applicants must be 21 years of age or older.
4. Please return the application and supporting materials to:

Rotaplast International, 3317 26th Street, San Francisco, CA 94110

Personal Information

___Reconstructive Plastic Surgeon ___Anesthesiologist ___OR Nurse ___Dentist ___Pediatrician
___Speech Pathologist ___CRNA ___PACU Nurse ___Orthodontist

Name: Last _____ First _____ Middle _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Telephone: Home _____ Cell _____ Work _____ Fax _____

Email: Personal _____ Work _____

Rotary Information

Are you a Rotarian? ___Yes ___No (If yes, please complete this section.)

Rotary District Number _____ Rotary Club Name _____ City _____ State _____

How did you find out about us?

Rotaplast International
3317 26th Street
San Francisco, CA
94110
T 415/252.1111
F 415/252.1211
www.rotaplast.org

Medical Information

Rotaplast requires that all volunteers have the following vaccinations:

Hepatitis A (Series of 2 shots)

Hepatitis B (Series of 3 shots)

*Please speak with your doctor or a travel nurse to learn which additional vaccinations are recommended for your specific destination.

Please list any medical conditions we should be aware of:

Please list any prescribed medications you are taking:

Passport Information

Note: Your passport MUST be valid for at least 6 months after your return date. Please apply for and renew your passport early.

Name as it appears on Passport

Date of Birth

Passport Number

Issuing Country

Passport Expiration Date

Rotaplast will pay the cost of airfare for medical volunteers from major airports in the US and Canada. **Medical Volunteers are required to contribute a \$350 Participation Fee.** All volunteers departing from a non-major airport will be subject to additional fees. International applicants, please contact our office for more information regarding our travel policy. Volunteers opting for a post trip will be invoiced \$150 for Box Fees.

Your Interests and Skills

Prior experience with Medical Missions:

Are you interested in a specific Mission or date? _____

Which languages do you speak fluently? _____

Anything else we should know about you? _____

Completing the Application

Before submitting your application, be sure that you have completed the following:

- Read and agree to the Statement of Professional Conduct by initialing on the first page.
- Include a copy of your up-to-date passport (please copy on the "fine" setting for legibility).
- Supply a Cover Letter explaining your expertise in care for cleft lip/palate patients.
- Include a CV or resume.
- Provide a copy of your diploma (please reduce to 8 /12 x 11).
- Provide a clear copy of your Board Certification.
- Include a clear copy of your applicable Licenses (Nurses: only PACU or OR expertise, please)
- Sign and date the application (below).

Additional Notes:* Specified documents must be very clear for Foreign Health Ministries. Copy/scan them on the fine setting.

*Please do not fax your documents, as they do not come through in adequate quality.

*Please DO NOT FOLD documents - **MAIL FLAT.**

Once placed on a team, you may need to have your documents notarized in order to obtain visas and temporary medical licensure. Once approved, please be sure to send us copies of your updated credentials (ie.license) & passport as they are renewed.

Signature

Date