



Interplast Trip Coordinator/Translator Application

Date _____

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

- Three letters of reference
- Letter explaining your interest in volunteering with Interplast

Please send to your completed application packet to:

Interplast
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? _____

How did you hear about Interplast? _____

Have you done volunteer work for any other organizations? _____

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)? No Yes

2. Are you suffering from any communicable health condition that could pose any significant health and safety risk to patients? No Yes

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? No Yes

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

“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 Interplast.”

Signature _____ Date _____