

Interplast Volunteer Team Trip OR Nurse Application



Date _____

Interplast OR Nurse Minimum Requirements

1. Current RN licensure with current BLS certification. PALS and ACLS are encouraged, but not required.
2. Minimum of three years of operating room experience in a hospital, surgical center or office setting with OR suites.
3. Candidate must be currently working as an operating room nurse and must work a minimum of 400 hours/year in an OR setting.
4. Candidate must have at least two years OR experience which has included plastic and ENT exposure. Patient populations should include both adult and pediatric patients.
 - A. RN First Assistants are eligible but must agree to participate exclusively as an OR nurse. No first assisting is allowed at this time.
5. Letter of recommendation from current, immediate supervisor.
6. Ability and willingness to teach host colleagues in the OR with formal and informal educational sessions. May also be utilized on the nursing wards to teach patients/families and local nurses about the care of surgical wounds post-op.
7. Personal characteristics must include comfort with pediatric and adult patients, flexibility, the ability to work well within a team, cooperation, good communication skills, inventive skills, a positive attitude and tolerance of stress under conditions of hard work and long hours.
8. Physical capabilities must include the ability to work long hours, often under varying environmental conditions, as well as the absence of physical impairments that would hinder one's ability to fully function as a team member.
9. Sensitivity to cultural differences and the appropriate public relations skills.
10. Preference may be given to nurses with fluency in the native language of the trip site.

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

- Letter explaining your interest in volunteering with Interplast, describing any experience you may have working or traveling in developing countries, and identifying any foreign language skills you have
- A copy of your current nursing license
- A copy of CPR certification (must have been obtained within the last year)
- A letter of reference from your current immediate supervisor

Please send your completed application packet to:

Interplast
ATTN: Beverly Kent, Director, Volunteer Services
857 Maude Ave.
Mountain View, CA 94043

Your Specialty (please check one)

Operating Room R.N. Anesthesia Recovery Room Nurse Educator

Your Contact Information

Name _____ E-mail _____

Home Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Home Telephone _____

Office Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Office Telephone _____

Employment Information:

Please attach a copy of your current resume. List below your work experience within the last five years, specifying employer and dates (unless this information is completely outlined on your resume). Please attach additional pages if necessary. _____

PACU Nurses Only: List below your PACU experience in the past two years, including types of patients and the percentage of pediatric patients.

Certification: PALS
 ACLS
 CPAN / CAPA
 Other _____

Have you ever presented in-services or other educational programs?

No
 Yes: Please list topics:

Have you done volunteer work for any other organizations? _____

Which language(s) are you fluent in? _____

How did you hear about Interplast? _____

Were you referred by anyone? Please provide his/her name: _____

Are you available on a last-minute basis? No Yes

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)?

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

2. 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 a nurse? 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 _____