



**International Surgical Campaign Application:**  
Medical Volunteer

108 West 14<sup>th</sup> Street • Minneapolis • MN • 55403 • 612.377.1800 • [www.smilenetwork.org](http://www.smilenetwork.org)

September 2022

## Dear Medical Applicant:



Thank you for your interest in volunteering with Smile Network. We rely on volunteers to give their time and talent to help bring smile to the faces of children around the world.

Enclosed you will find the volunteer application. Please complete the application and enclose the additional requested information, below. All materials should be sent to the Smile Network office.

- Current CV/Resume
- Current license
- Copies of all or degrees referenced in your application
- Scanned copy of passport
- 3 Letters of recommendation
- \$50 application fee (check or credit card)

Smile Network is unable to process incomplete applications. When we receive your complete application, we will forward it on to our Medical Volunteer Chair for approval. The Chair may call you to clarify information and will determine the status of your application. The process may take up to 8 weeks.

International Surgical Campaign selections are done at the discretion of Smile Network. Smile Network will inform you of the results of your application via mail. Upon approval by the Medical Chair, you will be entered into the Smile Network Medical Volunteer database and will be eligible to participate in upcoming International Surgical Campaigns.

International Surgical Campaign teams are comprised of experienced Smile Network Medical Volunteers, newly approved Medical Volunteers and Non-Medical Staff or Volunteers.

We look forward to hearing from you soon.

Please feel free to contact us at 612.377.1800 or via email at [info@smilenetwork.org](mailto:info@smilenetwork.org)

Kind Regards,

Kim Valentini  
Founder  
Smile Network International



# International Surgical Campaign Application: Medical

## CONTACT INFORMATION

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Passport # \_\_\_\_\_ Country of Issue \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_/\_\_\_\_

## Emergency Information

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Medical Insurance Plan \_\_\_\_\_ Member # \_\_\_\_\_

Allergies \_\_\_\_\_ Blood Type \_\_\_\_\_

Current Medications \_\_\_\_\_

Medical conditions we should know about: \_\_\_\_\_

## Other

Languages spoken fluently (in addition to English) \_\_\_\_\_

Would you be available for a 10-day International Surgical Campaign: Yes \_\_\_\_\_ No \_\_\_\_\_

8-day International Surgical Campaign: Yes \_\_\_\_\_ No \_\_\_\_\_

How much notice do you require in order to travel on a International Surgical Campaign?

\_\_\_\_\_

Do you have medical International Surgical Campaign experience? If so, please detail the organization, experience, and your role.

\_\_\_\_\_



# International Surgical Campaign Application: Medical

How did hear about Smile Network? \_\_\_\_\_

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Why are you interested in volunteer with a Smile Network medical International Surgical Campaign team?

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What skills and attributes will you bring to a International Surgical Campaign team?

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# International Surgical Campaign Application: Medical

## EMPLOYMENT INFORMATION

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Position/Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

## EXPERIENCE

Smile Network is committed to staffing International Surgical Campaigns with experienced and qualified volunteers. For this reason, only those experienced and credentialed in one of the following positions will qualify. Please check which best describes your experience.

Pediatrician  Registered Nurse / CST

Surgeon  Anesthesia Provider

Please indicate the patients you have had experience with in the last 3-5 years:

Pediatrics (0-6 yrs) \_\_\_\_\_ Youth (7-14 yrs) \_\_\_\_\_ Adult (14 and over) \_\_\_\_\_

## Specialty

Please fill out only the section that pertains to your stated specialty, below.

### Nursing

Which area do you feel you are most qualified?

Operating Room: \_\_\_\_\_ Recovery Room: \_\_\_\_\_ Pre/Post Op.: \_\_\_\_\_

### Pediatrics

Board Certification in pediatrics: Yes \_\_\_\_\_ Date: \_\_\_\_\_ No \_\_\_\_\_

Board Certification in pediatric critical care: Yes \_\_\_\_\_ Date: \_\_\_\_\_ No \_\_\_\_\_

Do you currently practice in your stated specialty? Yes \_\_\_\_\_ No \_\_\_\_\_

### Anesthesia

Board Certification : Yes \_\_\_\_\_ Date: \_\_\_\_\_ No \_\_\_\_\_

Board Eligible: Yes \_\_\_\_\_ Date: \_\_\_\_\_ No \_\_\_\_\_

Do you still practice in your stated specialty? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide details and dates of pediatric fellowships you have completed:

\_\_\_\_\_

\_\_\_\_\_



# International Surgical Campaign Application: Medical

## Anesthesia Provider (continued)

Specialty Training	School/Hospital
Cleft Lip	
Cleft Palate	
Burns	
Flaps	
Microsurgery	
Pediatric Anesthesia	
Other	

## Surgeon

Board Certification: Specialty \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Board Eligible: Specialty \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you currently practice in your stated specialty? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you affiliated with a cleft center? Yes \_\_\_\_\_ Name \_\_\_\_\_ No \_\_\_\_\_

Specialty Training	School/Hospital	Dates	Degrees
Cleft Lip			
Cleft Palate			
Burns			
Flaps			
Microsurgery			
Pediatric Anesthesia			
Other			

How many cleft lip surgeries have you done in the last year? \_\_\_\_\_ Cleft palates? \_\_\_\_\_

In the last 5 years? \_\_\_\_\_

In your surgical career? \_\_\_\_\_

Would you be comfortable performing at your own table with good to excellent results?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

How long does it take you to perform your standard lip/palate operation? \_\_\_\_\_



# Authorization for Release of Criminal History

TO: BCA/Department of Records

RE: Data Request for:

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Maiden, Alias or Former Name

\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number

\_\_\_\_\_

Gender: Female Male

## APPLICANT HISTORY

Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Offense \_\_\_\_\_

Date of Offense \_\_\_\_\_ Location of Offense \_\_\_\_\_

This is full and sufficient authorization, pursuant to Minnesota Statue 13.05, Subd.4, to release to:

**SMILE NETWORK INTERNATIONAL  
108 W 14<sup>th</sup> St., Minneapolis, MN 55403**

All Criminal History Record Information maintained by your agency, without exception. This information is being released for the purpose of acting as a volunteer due to possible involvement with vulnerable minor children. This information will be confidential.

The expiration of this information shall be for a period no longer than three years from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Notarization is Required

Please have this form notarized before you return it to Smile Network International.

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed, sworn and acknowledgement before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires \_\_\_\_\_



## COMPLETION OF APPLICATION

### Thank you for completing the Medical Volunteer Application!

#### Special Note on International Surgical Campaign Participation:

If you are selected for a International Surgical Campaign, all of your work will be done on a volunteer basis. Smile Network covers the cost of airfare, in-country transportation, double occupancy lodging, and some meals for volunteers during International Surgical Campaigns. To make this possible, Smile Network requires each team member to pay a team fee that will vary by location (ranging from \$600-\$1000). Your \$25 application fee check will be cashed when your application is received.

The following are responsibilities of the volunteer:

- Additional fees for Business Class ticketing or any airfare upgrades/airline changes
- Additional fees for different outbound or return dates of International Surgical Campaign travel
- Cost of immunizations and medications needed for travel on International Surgical Campaigns
- Travel insurance, if you choose to purchase
- Hotels are booked double occupancy. If you select a single room, which may be available at some International Surgical Campaign sites, you are responsible for covering 100% of the cost of the room.

Please send your completed application and attachments to the address, below, or send a fax to 612.659.4443. Please allow 6-8 weeks for application processing. Smile Network will notify you of the results of your application. Please contact Smile Network International (612.377.1800) if you have questions regarding your application.

Smile Network International  
Attn: Kim Valentini  
108 West 14<sup>th</sup> Street  
Minneapolis, MN 55403

Fax: 612.659.4443