



Candidate Selection Application

Operation Walk is a not-for-profit volunteer medical service organization providing free hip and knee replacements to impoverished patients in developing countries and the United States. During each 7 to 10 day trip, over 75 joint replacements are performed. In addition to caring for patients, Operation Walk volunteers teach local medical professionals how to care for these patients, insuring Operation Walk's lasting contribution to advancing the quality of patient care.

Please return this form with the requested information and items to:

Operation Walk Syracuse
c/o Syracuse Orthopedic Specialists
ATTN: Kimberley Murray
5824 Widewaters Parkway
East Syracuse, NY 13057
Fax: 315.552.6021
Phone: 315.883.5875

Volunteer Applicant Information:

Full Name (as on your passport): _____

Nickname: _____

Full Address: _____

Phone: _____ Cell: _____

E-Mail: _____

Passport Number: _____ Expiration: _____

Allergies: _____

T Shirt Size: _____

Emergency Contact Information:

Name: _____

Address: _____

Phone: _____ Cell: _____

Relation: _____

E-Mail: _____

Please give us a short statement as to why you are interested in joining Operation Walk Syracuse? _____

Do you have any past or current volunteer experience or with participating with medical missions? If yes, please list:

Position(s) you are interested in?

- | | |
|--|--|
| <input type="checkbox"/> Surgical Technologist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Central Processing Technician | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Anesthesia (MD) | <input type="checkbox"/> Anesthesia (CRNA) |
| <input type="checkbox"/> Circulating Nurse (RN) | <input type="checkbox"/> Surgeon (MD) |
| <input type="checkbox"/> Pre Op / Unit Nurse (RN) | <input type="checkbox"/> Biomed/Clinical Engineering |
| <input type="checkbox"/> PACU Nurse (RN) | <input type="checkbox"/> Other _____ |

Operating Room Personnel, what total joint implant systems are you familiar with?

If you are an orthopedic surgeon, how many joint replacements do you perform annually?

Knees _____ Hips _____

Do you speak, read, or write any foreign languages? _____

Please specify: _____

If chosen to participate on an Operation Walk mission trip, each volunteer is asked to join a work group and commit to supporting the organization during the year preceding the trip.



Check List

You **must** include the following items along with your application. Applications missing any of the following will not be considered.

- ▣ A Copy of your Passport (as the trip date approaches, we may require your original passport in order to obtain your Visa)

- ▣ A Copy of your Medical and Professional Licenses/Certifications

- ▣ A Copy of your Graduate school diploma (nursing, medical or college)

- ▣ Copy of Curriculum Vitae or Resume

- ▣ Signed Volunteer Agreement

- ▣ A recent (last 3 months) photo of yourself, labeled with name on back (for emergency purposes)

Operation Walk Volunteer Agreement

Operation Walk missions can be between 7-12 days long. As an Operation Walk volunteer I understand that I am committing my time to the entire mission.

I understand that if accepted I will be available for volunteer meetings and will be reachable via email.

I understand that Operation Walk airline tickets are non-refundable and any changes/cancellations to airfare or travel plans will be my responsibility and refunded to Operation Walk.

I understand that Operation Walk is not responsible for any injuries or illness that may occur during the mission.

I have read and understand the above agreement and accept the terms and conditions.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Once all applications are reviewed, you will be notified if accepted. Thank you for volunteering your time and talents to this mission; it promises to be an incredible experience. If you have any questions please call Kim Murray @ 315.329.7600.