

Huancavelica 2016

Second and Third weeks of August (7-20)

A MEDICAL MISSION SPONSORED BY PERUVIAN AMERICAN MEDICAL SOCIETY IN COORDINATION WITH
HOSPITAL DEPARTAMENTAL –ESSALUD – MINSA- CMP.

Volunteer Application

Last Name	First Name	Middle Name
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Address

Home Phone	Work Phone	Cell Phone
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E-Mail: _____ Birthday: _____

Occupation: _____ MD Specialty: _____ RN Specialty: _____

ALL MD'S and NURSES ARE REQUIRED TO SUBMIT COPY OF A CURRENT MEDICAL LICENSE AND CV.

Do you speak Spanish? YES NO If yes, please state level of fluency: conversational* medically versed*
Are you comfortable being a translator? YES NO

PLEDGE: I will work the: first week ☐ second week ☐ both weeks ☐

I will be traveling with: _____

I will behave professionally and ethically at all times, acknowledging that if I break this pledge my participation in the Mission will be terminated.

Signature	Date
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In case of emergency notify to:..... phone/e-mail.....

Please state your reasons why you would like to participate in the Mission:

Questions or Comments

Please return this by mail to: 5654 Pickering Ave.

Whittier, CA 90601

Ph: 562 945 9384

and register in our list-serve:

Huancavelica-pams@googlegroups.com

to receive appropriate updates. Thank you.

A registration fee of US \$ 20 must be sent with this form and it is not refundable. I will help our costs. Checks to the order of PAMSEF,

Please visit our pages: www.pamsnational.org and huancavelicapams.weebly.com

Please add a short bio and CV for our files.