

Lircay en Huancavelica Mission 2017
August 5-19

A medical mission sponsored by the Peruvian American Medical Society and Buenaventura Mining Company in coordination with Lircay Hospital, EsSalud, MINSA, CMP

Volunteer Application

Last Name _____ First _____

Middle _____

Address _____

Birthday _____

Home phone _____ Work phone _____

Cell phone _____ E-mail _____

Occupation and Specialty _____

All MD's and Nurses are required to submit copy of current license, diploma, and CV

Do you speak Spanish? Yes No Level of fluency? Conversational Medical

Are you comfortable being a translator? Yes No

I will commit to work: 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** _____

In case of emergency notify: (name address, phone, and e-mail)

Questions or comments

A non-refundable registration fee of \$30 must be sent with this form to help off-set costs of fees and temporary licenses. Please make check payable to PAMSEF

Please return check and registration form by mail to: Katie Choy
5470 Pennock Point Road Jupiter, FL 33458

Contact me @ **roandkatie@yahoo.com** or 561-758-9062 with any questions.

Most communication will be done via e-mail. Please visit our website for important forms and travel checklist: **huancavelicapams.weebly.com**

**Thank you,
Katie and Rogelio Choy**