HUANCAVELICA-LIRCAY MEDICAL MISSION 2016

2ND AND 3RD WEEKS, = FROM 6 UNTIL 20TH OF AUGUST

Sponsored by Peruvian American Medical Society

VOLUNTEER APPLICATION

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last name First name Middle name D.O.B

Address: cell phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail home phone work phone

Occupation Specialty LANGUAGES

*All MD’s and Nurses are required to submit: 1- Copy of medical degree 2- Copy of current license 3- One page CV, Legal Peruvian requirements.*

***PLEDGE****: I will work a) First Week ( ) --- Second week ( ) ---- Both weeks ( )*

*I will travel with:……………………………………………………………………………………………………………*

**I will behave professionally and ethically at all times acknowledging that if break this pledge my participation in the Mission will be terminated. (please sign) ……………………………………………………………………………………..**

In case of Emergency notify:……………………………………………………………………… phone/email:……………………………………………….

Please state the reasons for your participation:…………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………..

Please return this form to 5654 Pickering Ave. Whittier, CA 900601 and register in our list-serve: Huancavelica-pams@googlegroups.com

A $ 30.00 registration fee must be sent with this form and it is not refundable. It will help our costs. Checks to the order of PAMSEF. Please add a short CV.

You my visit our pages: [www.pams.org](http://www.pams.org), and Huancavelica Medical Mission in Facebook. Also Huancavelicapams.weebly.com.

THANK YOU !