

Huancavelica 2012

MEDICAL MISSIONS SPONSORED BY PERUVIAN AMERICAN MEDICAL SOCIETY
IN COORDINATION WITH ESSALUD – MINSA- CMP.

Volunteer Application

Last Name	First Name	Middle Name
Address _____		
Home Phone	Work Phone	Cell Phone
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

MISSION: I will be attending the following mission:

☐ Huaytara Mission (June 17-22) ☐ Huancavelica Mission (2nd and 3rd weeks of August)

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.

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.