



Application for Team Participation

Participant name _____
Address _____
Phone _____ Cell _____
E-mail _____

Do you speak Spanish? _____
FLUENT _____ (Understand 95-100%, able to read and write.)
MODERATE _____ (Understand, but difficult to catch complete meaning.)
MINIMAL _____ (Can get around, difficult to have a conversation.)

Describe previous international or third-world experience:

Describe previous international healthcare experience:

What do you expect to gain from participating on a CAMO team?

What skills can you contribute to a CAMO team?

Do you know anyone else who has been a CAMO team member? Please specify:

In case of emergency, please contact:

Name _____

Address _____

Phone _____ Cell _____

E-mail _____

Signature _____ Date _____

Thanks you for your application and your interest in international health. Your application will be reviewed by the CAMO board for final decisions on team members. All members of the team are responsible for covering the cost of travel and accommodations while participating on the team. Air travel is arranged through CAMO and must be paid in advance. If you cancel or change dates, penalties are your responsibility.

Please return to:

CAMO, 322 Westwood Avenue, Orrville, OH 44667

Thank you for your interest in bringing hope to the forgotten.
If you have any questions, you may reach us at: (330) 683-5956.