

**CAPITOL CITY MEDICAL TEAMS
TEAM APPLICATION**

(revised 5-1-10)

Please complete the team application form and return it to:

Capitol City Medical Teams, 4950 Chauncey Court SE, Salem, OR 97302,
or melabea@aol.com

If you have any questions, please contact Eric Miller at (503) 378-7343.

1. NAME OF TEAM LEADER, LEADER'S ADDRESS, AND PHONE NUMBER(S)

2. EMAIL OF TEAM LEADER:

3. NAME OF LOCAL CONTACT, ORGANIZATION, PHONE NUMBER, EMAIL, AND ADDRESS WHERE WORK IS ANTICIPATED TO BE PERFORMED. (If it's at the Kausay Wasi Clinic, just write 'Kausay Wasi Clinic'.)

4. TYPE OF TEAM (Check all that apply.)

<input type="checkbox"/> Dental	<input type="checkbox"/> ENT	<input type="checkbox"/> General Medical
<input type="checkbox"/> Ophthalmologic	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Plastics
<input type="checkbox"/> Urology		
Other _____		

6. ESTIMATED NUMBER OF TEAM MEMBER: _____

7. ANTICIPATED DATES OF WORK (Departure date to return date)

Signature of Team Leader

Date of Signature