



CAMEO
Caribbean American Medical Educational Organization

APPLICATION FORM

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ **CELL #:** _____

EMERGENCY CONTACT: _____ **PHONE#:** _____

ARE YOU A US CITIZEN?: YES / NO **DO YOU HAVE A PASSPORT:** YES / NO

SKILLS: (eg: RN, LPN, Doctor, Pharmacist, Other)

AREA INTERESTED IN WORKING: (eg: Triage, Pharmacy, Administrative, Patient Consult, Other)

HAVE YOU EVER BEEN ON A MISSION TRIP BEFORE: YES / NO

IF SO, WHERE & HOW LONG: _____

WHAT DUTIES DID YOU PERFORM: _____

CIRCLE TRIP(S) INTERESTED IN VOLUNTEERING:

JAMAICA: MARCH SEPTEMBER

REFERRED BY: _____