

# CAPITOL CITY MEDICAL TEAMS TEAM APPLICATION

(revised 9-28-18)

Complete the team application form and return it to:

Capitol City Medical Teams, 3275 Crestview Dr. S., 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        | <input type="checkbox"/> OB/Gyn     | Other _____                              |

**6. ESTIMATED NUMBER OF TEAM MEMBERS:** \_\_\_\_\_

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

---

Capitol City Medical Teams is not liable for equipment, supplies, or materials that are lost, stolen, or confiscated.

If there are complications with a patient that have resulted from your team's work, your team will be responsible for services and fees associated with the situation.

Teams are expected to bring or purchase all supplies needed for their trips. Arrangements may be able to be made for the host to purchase items, but the host will need to be reimbursed. Lab fees, x-rays, or other services are the responsibility of each team.

A trip report listing the number of patients seen, number and type of procedures performed, other statistical information, narrative, and a few electronic pictures with captions will need to be submitted within two months of the ending of the trip. Please see the Campaigns section on our website at [www.ccMedicalTeams.org](http://www.ccMedicalTeams.org) for examples.

Email a tentative list of team members' names, roles, and email addresses, so that Capitol City Medical Teams can distribute information to team members.

---

Signature of Team Leader

---

Date of Signature