

Health Services Working Group Application.

Please check the box (only one please) of the Working Group you are interested in joining:

* Aerospace Medicine
* Cadets and Health Services
* Encampment Health Services
* First Aid Training
* Health & Wellness Briefings Library
* HS / Safety Newsletter
* HSO training curriculum
* MHSO development
* Pandemic and future disaster health services planning and preparations

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAP Region/Wing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAP ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in participating in the working group checked above:

What do you potentially bring to the working group:

Do you have any problems working virtually on TEAMS: Yes No

What is your current contact information:

Address:

Phone number:

e-mail address:

Add any additional questions or information on the back or additional pages as you choose.