



# VOLUNTEER EXCHANGE FORM

Please write in English

SURNAME  FIRST NAME  MALE  FEMALE

## PASSPORT DETAILS

STREET   
POSTCODE   
CITY   
COUNTRY

## \* ONLY IF YOU NEED VISA

PASSPORTNUMBER \*   
PASSPORT ISSUED DATE \*   
PASSPORT EXPIRY DATE \*

## PERSONAL DETAILS

BIRTHDATE   
NATIONALITY   
OCCUPATION

E-MAIL   
TELEPHONE   
MOBILE

## EMERGENCY CONTACT

NAME   
RELATION

TELEPHONE

## LANGUAGES

speak well

speak some

## REMARKS ON HEALTH / SPECIAL NEEDS / DIET

## PAST VOLUNTEER EXPERIENCE (country, year and type of work)

## PROJECT CHOICES IN ORDER OF PREFERENCE

	Code/Country	Name/Location	Dates
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

## WHY DO YOU WISH TO TAKE PART IN A VOLUNTEER PROJECT?

## GENERAL REMARKS

Submission of this form implies the explicit and unconditional acceptance of the conditions of participation of the hosting organisation.

Date

Signature

A parent/guardian should sign if below 18 y.o.