



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.