



**CAMPI INTERNAZIONALI**  
www.cantieregiovani.org



## Volunteer Exchange Form and Association Registration

Please, write in English and in block capitals and answer all the questions.  
Then sign the form and send it by fax: 0039.081.3187550

Name	Surname	Sex	M _	F _
Date of birth	Nationality			
Occupation				
If visa is required, birthplace				
Passport n°				
Permanent address				
Temporary address				
Tel.		Fax		
E-mail				
Contact in case of emergency				

### Languages

Fluently spoken
Speak some

### Project choices, according to preference

Code	Name/Location	Date
1.		
2.		
3.		

### Book another camp for me if all are full YES \_ NO \_

Available dates
Countries
Thematic

### REMARKS ON HEALTH/SPECIAL NEEDS/DIET

### PAST VOLUNTEER EXPERIENCE

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

With my signature I ask to join as associate, until 12/31 of the current year, the Association "Cantiere Giovani". I accept the conditions of participation according to the program of this organization and I fully understand and accept my responsibility to obtain health insurance for the duration of my travel.

With my signature I let also "Cantiere Giovani" to treat my personal data in the way conforming to the italian privacy law n. 196/03.

Date	Signature
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