



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: 0039.081.8328076

Name	Surname	Sex	M _	F _
Date and Place of birth		C.F.		
Nationality				
Occupation				
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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