**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 email to: workcamp@cantieregiovani.org

|  |  |  |
| --- | --- | --- |
| Name  | Surname | Gender F \_ M \_ Other \_ |
| 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.

I authorize the processing of my personal data pursuant to Legislative Decree 30 June 2003, n. 196 and of the GDPR (EU Regulation 2016/679).

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_