



INTERNATIONAL / LOCAL VOLUNTEER REGISTRATION FORM 2009

1. NAME

2. SEX MALE FEMALE

3. DATE OF BIRTH

4. MARITAL STATUS Single Married Divorced Widow / ER

5. BLOOD GROUP

6. COUNTRY OF ORIGIN

7. PASSPORT NO / ID NO

8. POSTAL / PHYSICAL ADDRESS

9. EMAIL TEL/ FAX/ MOBILE

10. LANGUAGES SPOKEN

11. MEDICAL DETAILS

SPECIAL NEEDS

12. Please tell us your preferred nature of Voluntary Service project that commensurate your skills / training

13. PROGRAM SEASON APPLIED FOR
(Tick appropriate Box)

Feb	Mar	Apr	Jun	Jul	Aug	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. HAVE YOU PARTICIPATED IN A WORK CAMP BEFORE
(Tick appropriate box)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

15. **Contacts in case of emergency**

Name	Mobile / Telephone	Email / Postal Address

16. **In 50 to 100 words, please tell us about yourself, hobbies, interests, education and what you expect from the project you are going to attend**

I would like to participate in the international work camp governed by PIVS. I acknowledge what I am supposed to do and whether there may be extra activities in the work camp that I apply for. I agree not to sue PIVS for any legal and financial damage and loss incurred during the work camps. I understand that I should pay for the insurance personally. Hereby, I agree to take any responsibility for any injure and damage incurred in the work camps, and to participate in any activity sincerely throughout the whole work camp.

And I accept the conditions of participation for the work camp by the host organizations

Date

(applicant signature)