

**VOLUNTEER EXCHANGE FORM**

(PLEASE WRITE IN BLACK AND BLOCK CAPITALS AND ANSWER ALL QUESTIONS)

1. Surname: \_\_\_\_\_ Name: \_\_\_\_\_ Male Female  
 Present Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_ (if different) \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Dates at this address: From: \_\_\_\_\_ To: \_\_\_\_\_

2. Birthdate: \_\_\_\_\_ Birthplace\*: \_\_\_\_\_ **3. EMERGENCY CONTACT**  
 Nationality: \_\_\_\_\_ Passport No\*: \_\_\_\_\_ Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Telephone (Day): \_\_\_\_\_  
 (\*if visa is required) (Night): \_\_\_\_\_

**4. LANGUAGES** **5. REMARKS ON HEALTH / SPECIAL NEEDS / DIET**  
 Speak well: \_\_\_\_\_  
 Speak some: \_\_\_\_\_

**6. PAST VOLUNTEER EXPERIENCES / GENERAL SKILLS** (Indicate the country, year and type of work)

\_\_\_\_\_  
 \_\_\_\_\_

**7. WORKCAMP CHOICES ACCORDING TO PREFERENCE**

CODE	NAME	DATES	CODE	NAME	DATES
1.	_____	_____	4.	_____	_____
2.	_____	_____	5.	_____	_____
3.	_____	_____	6.	_____	_____

**8. BOOK ANOTHER CAMP IF ALL ABOVE ARE FULL:** YES NO

Dates available: \_\_\_\_\_ Country / Region preferred: \_\_\_\_\_

**TYPE OF PROJECT MOST PREFERRED** (Please number according to preference)

Archeology	Renovation	Construction	Environmental	Physically disabled	Teenage camps
Agriculture	Children	Elderly	Cultural / arts	Mentally disabled	Study camps

**9. WHY DO YOU WISH TO TAKE PART IN A VOLUNTEER PROJECT?**

\_\_\_\_\_  
 \_\_\_\_\_

**10. GENERAL REMARKS**

\_\_\_\_\_

I accept the conditions of participation according to the programme of this organization and I fully understand and accept my responsibility to obtain health insurance for the duration of my travels:

Sending organization

**VJF**

Signature \_\_\_\_\_  
 (Signature of parent if you are under 18)

Date \_\_\_\_\_