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| **VOLUNTEER EXCHANGE FORM (VEF)**  (PLEASE WRITE IN BLACK AND BLOCK CAPITALS AND ANSWER ALL QUESTIONS) | | | | | | | | | | | FOR OFFICIAL USE | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. | Surname:  Present address:      Telephone: | | | | |  | First name:  Permanent address (if different):      Telephone:  E-mail: | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2. | Birthdate: Birthplace\*:  Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Passport No\*: \_\_\_  Occupation:  *(\*if visa is required)* | | | | | 3. | EMERGENCY CONTACT  Name:  Telephone (Day):  (Night): | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 4. | LANGUAGES  Speak well:  Speak some: | | | | | 5. | REMARKS ON HEALTH/SPECIAL NEEDS/DIET | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 6. | PAST VOLUNTEER EXPERIENCES/GENERAL SKILLS *(indicate the country, year and type of work)* | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 7. | PROJECT CHOICES ACCORDING TO PREFERENCE: | | | | |  |  | | | | | |
|  | CODE NAME DATES | | | | |  | CODE NAME DATES | | | | | |
|  |  |  | | |  |  |  | | |  | |  |
| 1. |  |  | | |  | 5. |  | | |  | |  |
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| 2. |  |  | | |  | 6. |  | | |  | |  |
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| 3. |  |  | | |  | 7. |  | | |  | |  |
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| 4. |  |  | | |  | 8. |  | | |  | |  |
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|  | | | | | | | | | | | | |
| 8. | BOOK ANOTHER PROJECT FOR ME IF ALL ABOVE ARE FULL: YES NO | | | | | | | | | | | |
|  |  | | | | |  |  | | | | | |
|  | Dates available: | | | | |  | Country/region preferred: | | | | | |
|  |  | | | | |  |  | | | | | |
|  | TYPE OF PROJECT MOST PREFERRED *(please number according to preference)* | | | | | | | | | | | |
|  |  | | | | | | |  |  | | | |
|  | Archaeology | | Construction | | Renovation | | | | Special needs | | Youth/children | |
|  |  | | | | | | | | | | | |
|  | Agriculture | | | Elderly | Environmental | | | | Cultural/arts | | Study | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 9. | WHY DO YOU WISH TO TAKE PART IN A VOLUNTEER PROJECT | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 10. | GENERAL REMARKS: | | | | | | | | | | | |
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I accept the conditions of participation according to the programme of this organisation and I fully understand and accept my responsibility to obtain health insurance for the duration of my travels:

|  |  |
| --- | --- |
| ***Egyesek Youth Association***  ***Hungary***  ***outgoing@egyesek.hu*** | Signature:  *(signature of parent if you are under 18)*  Date:  © Alliance of European Voluntary Service Organisations 2011 |