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| **VOLUNTEER EXCHANGE FORM (VEF)**(PLEASE WRITE IN BLACK AND BLOCK CAPITALS AND ANSWER ALL QUESTIONS) | FOR OFFICIAL USE |
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| 1. | Surname: Present address:   Telephone:  |  | First name: Permanent address (if different):   Telephone: E-mail:  |
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| 2. | Birthdate: Birthplace\*: Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Passport No\*: \_\_\_ Occupation: *(\*if visa is required)* | 3. | EMERGENCY CONTACTName: Telephone (Day):  (Night):  |
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| 4. | LANGUAGESSpeak well: Speak some:  | 5. | REMARKS ON HEALTH/SPECIAL NEEDS/DIET   |
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| 6. | PAST VOLUNTEER EXPERIENCES/GENERAL SKILLS *(indicate the country, year and type of work)*   |
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|  |
| 7. | PROJECT CHOICES ACCORDING TO PREFERENCE:  |  |  |
|  |  CODE NAME DATES |  |  CODE NAME DATES |
|  |  |  |  |  |  |  |  |
| 1. |  |  |  | 5. |  |  |  |
|  |  |  |  |  |  |  |  |
| 2. |  |  |  | 6. |  |  |  |
|  |  |  |  |  |  |  |  |
| 3. |  |  |  | 7. |  |  |  |
|  |  |  |  |  |  |  |  |
| 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 |
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| 9. | WHY DO YOU WISH TO TAKE PART IN A VOLUNTEER PROJECT      |
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| 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:

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