

# VOLUNTEER EXCHANGE FORM

FOR OFFICIAL USE

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

1. Surname\*: \_\_\_\_\_ First name\*: \_\_\_\_\_ F  M   
Present address: \_\_\_\_\_ Permanent address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone\*: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dates at this address from \_\_\_\_\_ to \_\_\_\_\_ E-mail\*: \_\_\_\_\_

2. Birthdate\*: \_\_\_\_\_ Birthplace: \_\_\_\_\_ 3. **EMERGENCY CONTACT\***  
Nationality\*: \_\_\_\_\_ Pass No\*\*: \_\_\_\_\_ Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Telephone (Day): \_\_\_\_\_  
(\*is required, \*\*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. **PROJECT CHOICES ACCORDING TO PREFERENCE:**

CODE	NAME	DATES	CODE	NAME	DATES
1.	_____	_____	5.	_____	_____
2.	_____	_____	6.	_____	_____
3.	_____	_____	7.	_____	_____
4.	_____	_____	8.	_____	_____

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  Culture/Arts  Study

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 organisation and I fully understand and accept my responsibility to obtain health insurance for the duration of my travels:



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internationalen Gemein-  
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Carl-Hopp-Str. 27  
18069 Rostock  
Tel. +49 381 4922914  
Email nig@campline.de

Signature: \_\_\_\_\_  
(signature of parents if you are under 18)

Date: \_\_\_\_\_