|  |  |  |
| --- | --- | --- |
|   |   |   |
| Name(s)  | Last name (s) | Nationality |
| Birth |   |  |  |   |
|  | (mm/dd/yyyy) | Age |   | Blood type |
| Adress: |   |  |  |  |  |
|  | Street |  Number | Area | City | Country |
| Telephone: |   |  |  |
|  | House/ ffice | Cell pone |  | Zipcode  |
| E-mail: |   | Fluent Speaking Languages: |   |   |
|  |  |  |  |  |  |  |
| **EDUCATION** |
| Are you currently studying? | YES | NO | GRADUATE |  |
| Last degree passed: |   |   |   |   |   |
| School: |   |   |   |   |   |
|  |  |  |   |   |   |   |
| **WORK** |
| Do you work? | YES / NO | In which? |   |
| Company: |   |
| Scheduele and workdays: |   |
|  |  |  |  |  |  |  |
| **OTHERS** |
| Do you belong to a church group? Yes / NO | Which one? |   |
| Why would you like to participate as EXTERNAL VOLUNTEER? | (Explain your reasons) |
|  |
|  |
|  |
| Do you practice sports / art / hobbies? |   |
| Which activity attracts you more to develop as a volunteer? |   |
|  |  |
| [Do you have any] experiences in migratory topics?  YES / NO  | Which? |   |
| When would you start your volunteer experience? (Indicate the exact date)  |   |
| Days and hours when you can participate as volunteer |   |
|   |
| Do you have any sicknesses or you take medicines? Explain: |   |
| Emergency contact: |   |
|   |  | Name |  | Relationship | Telephone |
|   |  |   |  |   |
|   |   | E-mail |   | City | Country |