|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | |  | | | | |  | | |
| 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 | |