



APPLICATION FORM

OISOU Missions

Photo
(optional)

Mail to **AS-OISOU**
43 bis, Boulevard Henri IV - 75004 Paris – France

LASTNAME : _____	Firstname: _____
Birthdate : _____	Sex : M / F
Address : _____	Zipcode : _____

City : _____	COUNTRY : _____
Phone 1 : _____	Phone 2 : _____
Email : _____	
Profession : _____	
Useful abilities and knowledge : _____	
Allergies /Special needs : _____	

Emergency contact (LASTNAME, Firstname) : _____	
Phone : _____	Email : _____

(Ordered by mission preference)

OISOU code (1st choice): _____
Dates : _____

OISOU code (2nd choice): _____
Dates : _____

Your assignment to a mission is dictated by availability.

We will inform you as fast as possible: – by email – by mail

How did you hear of AS-OISOU? _____

Have you already taken part in another volunteering mission? If yes, which type? _____

Have you already visited Togo? If yes, where? _____

In your mind, what three words best describe the concept of volunteering?

1- _____ 2- _____ 3- _____

Indicate the documents included with your form :

- A check payable to AS-OISOU association for 35€, covering association fees.
- A medical certificate proving your physical and mental aptitude to take part in our mission.
- An assistance insurance certificate.
- An identity picture (optional).

I accept the Terms of Participation to the mission.

I pledge to obtain the necessary health insurance for the duration of my trip, to provide assistance insurance certificate, and a check for fees to AS-OISOU association.

Read and agree the _____ in _____

Signature :