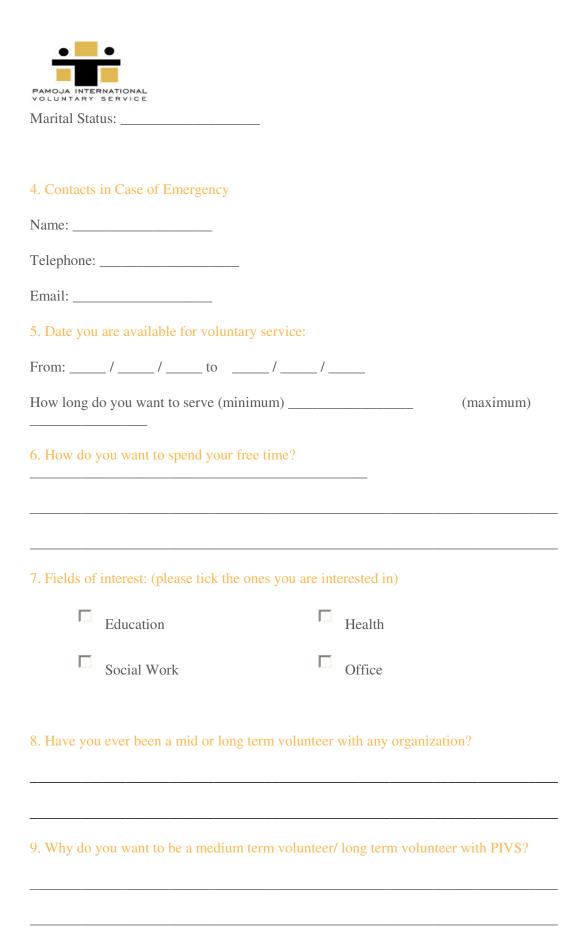


PAMOJA INTERNATIONAL VOLUNTARY SERVICES 2009 APPLICATION FORM FOR MEDIUM AND LONG TERM VOLUNTEERS

Traines of projects you are applying for.
First Choice:
Second Choice:
1. Your Name:
2. PERMANENT HOME ADDRESS:
City:
Country:
Telephone:
E-mail:
PRESENT ADDRESS:
3. Nationality:
Date of birth: /
Sex:
Country of birth:
Town of birth:
Passport No or I.D No:
Blood Group:





10. Present occupati	on/ studies/ training	schemes following or co	mpleted
11. Previous work e work)	vrite how well you can speak, read or write English and add other languages ls you would like to mention (such as practical, artistic domestic, intellectual etc, driving the references (no relatives)		
12. Languages:			
Please write how we	ell you can speak, re	ad or write English and a	dd other languages
13. Skills you would license)	l like to mention (su	ch as practical, artistic do	omestic, intellectual etc, driving
14. Three references	s (no relatives)		
Contact Name	Position	Organization	Address / E-mail



5. Any serious accidents, il	lnesses, handicap, allergies	s, mental problems or de	epressions? Sp
6. Are you already insured:	?		
f so please specify			
7. Experiences with commu	unities (or other long term	projects)	
8. Explain as fully as possil envisage both contributing a			e and what yo
9. How did you hear about	the program?		
20. Please tell us anything yo	ou would like to add about	yourself	



If you need more space for the above questions, please attach a separate piece of paper and indicate which questions you are answering. Very often it is appreciated or required to attach a letter of motivation as well. Please attach your Current photo and the first 2 pages of your passport. Thank you.

I would like to participate in the mid and long term volunteer program governed by PIVS. I acknowledge what I am supposed to do and whether there may be extra activities in the program that I apply for. I agree not to sue PIVS for any legal and financial damage and loss incurred during the program. I understand that I should pay for the insurance personally. Hereby, I agree to take any responsibility for any injure and damage incurred in the program, and to participate in any activity sincerely throughout the whole program.

And I accept the conditions of participation for the program by the host organizations

Date (applicant signature)