**Volunteer Registration form 2020**

**Personal details and experience**

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Date of birth |  |
| Age |  |

|  |  |
| --- | --- |
| E-mail |  |
| Home address |  |
| Phone number |  |

|  |  |
| --- | --- |
| Nationality |  |
| Passport number |  |
| Insurance company |  |
| Insurance policy number |  |
| Insurance policy expire date |  |

|  |  |
| --- | --- |
| Formal education |  |
| Others |  |
| Languages spoken |  |
| Previous volunteering experience |  |

**Availability, accommodation and dietary requirements**

|  |  |
| --- | --- |
| Which program are you interested in? |  |
| Available dates |  |
| Do you have a special diet? |  |
| Smoking? |  |
| Some allergies? |  |

**Emergency contacts**

|  |  |
| --- | --- |
| Name (Contact 1) |  |
| Relationship to you |  |
| Email |  |
| Home address |  |
| Telephone number |  |
|  |  |
| Name (Contact 2) |  |
| Relationship to you |  |
| Email |  |
| Home address |  |
| Telephone number |  |

**What aspects of the program are you specially interest**

|  |
| --- |
|  |

**Declaration**

|  |
| --- |
| **I**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) fully agree to participate in the Volunteer Program of the Corcovado Foundation. I have read and I understand all the information about the Program.  I release the Corcovado Foundation and any other  governmental, non- governmental organization or private company involved in the activities of the Program of any and all legal, financial, laboror moral responsibilityin caseof any accident, incident and/or inconvenience, including, but not limitedto, personal injury, death, loss or damage to personal possessions.  I declare that I agree to make no claim, legal, financial, labor, moral or otherwise on any of the aforementioned organizations and companies. |

|  |  |
| --- | --- |
| Full Name |  |
| Date |  |
| Passport Number |  |