

**VOLUNTARIAT**

ZAVOD ZA MEDNARODNO

PROSTOVOLJNO DELO

SCI SLOVENIA

Linhartova 13, 1000 Ljubljana, Slovenija

www.zavod-voluntariat.si

Please, note that all the information received will be treated as confidential.

| | |
|--|---|
| Name of the participant: | Telephone No: |
| Current Address: | Mobile No: |
| | Gender: |
| | Date & Place of Birth: |
| E-mail: How often do you check your e-mail? | Do you have children (please write their date of birth)? |
| Passport No. & Expire Date: | Nationality: |
| Next of Kin/Guardian: | Contact Tel. Next of Kin/Guardian: |

| | | |
|---|-----|----|
| Do you have any previous youth exchange or volunteering experience? | YES | NO |
| Details: | | |

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|---|
| Please give details on your education and work experience |
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| Which languages do you speak? Which is your level of English? |
| What is your motivation for doing an Exchange: |
| Current Health and/or Medication Status (Please indicate illness, allergies, disability, mental problems or depressions, etc): |

Zavod za mednarodno prostovoljno delo Voluntariat, SCI Slovenia

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