



PERSONAL FILE MONTE ADONE VOLUNTEERS

Name and surname

Sex: M F

Date and place of birth DD MM YYYY

Citizenship

Residence – Street No

Post code City State

Domicile* – Street No

Post code City State

Telephone number

E-mail

Qualification

Profession (if you are a student, please specify the university)

Civil status Driving licence YES NO category

Driving experience YES NO

Currently valid tetanus vaccin YES NO If NO, expired on

Previous volunteering experience YES NO If YES, please specify where

For how long Main tasks and activities

Health problems (e.g. allergies, respiratory or mobility difficulties etc.)

* if different from official residence

Dietary requirements (e.g. food intolerance and allergies, coeliac disease)

Vegetarian Y N

Vegan Y N

Any personal needs

Availability for the compulsory period of 30 days

From

Till

Availability to continue after the compulsory period YES NO

For how long

Short personal profile

What are your motivations for becoming a volunteer of our association?

What are your expectations?

What is the contribution you think you will bring to our association?

I accept the handling of my personal data according to local existing rules on the matter (Italian privacy law: D.Lgs. N. 196/03)

Date

Signature