

# SCI Volunteer Exchange Form

Sending branch: **AVI MD**

*I read the procedures of AVI Moldova in the form "AVI procedures 2012" and agree with them.*

List of workcamps available on [www.workcamps.info](http://www.workcamps.info)



1. Family name
2. First name
3. Sex                      Male                      Female
4. a) Date of birth  
b) Age

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5. Nationality
6. Present occupation  
*(if student state subject)*

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7. Address where we can send the camp information to  
*(Put street, postal code, town and country!)*
8. a) Home number                                      b) Mobile/work number                                      c) Email address *(please use capital letters)*

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9. Emergency contact / name of the contact person
10. Passport number

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11. Give details of your voluntary / community work experience including workcamps *(both in SCI and outside of it):*

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12. a) Why do you want to do a workcamp with SCI?  
  
b) What do you think can you contribute to the workcamp as a volunteer?

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13. a) Mother tongue                                      b) Other languages you speak. G = good, F = fair, S = slight. *(e.g. "Russian – G, English – S" if you speak Russian well and a bit of English):*

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14. a) Special wishes, *(e.g. vegetarian/muslim/jewish food etc):*  
b) Any serious accidents, illnesses, disabilities, allergies. *SCI does not discriminate volunteers with a serious physical or mental condition.:*

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15. Workcamps chosen in order of preference. Put camp code, name and dates:

1) Code	Name	Dates
2) Code	Name	Dates
3) Code	Name	Dates
4) Code	Name	Dates

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16. a) Repeat the name of each camp b) Why do you choose this workcamp? What do you expect from it?

1. a).	b)
2. a).	b)
3. a).	b)
4. a).	b)

***By signing this form I state that I read the procedures of AVI Moldova for the year 2012 in the document "AVI procedures 2012" and that I declare that I agree with all points.***

Place  
Date  
Name

Signature