



volunteer enrollment form

(PLEASE PRINT LEGIBLY IN BLACK AND IN CAPITALS AND ANSWER ALL QUESTIONS)

First name	<input type="text"/>	Family name	<input type="text"/>	
Birthdate (mm-dd-yyyy)	<input type="text"/>	Age	<input type="text"/>	
		Sex	<input type="text"/>	
		Nationality	<input type="text"/>	
Country of residence	<input type="text"/>		Occupation	<input type="text"/>
Address	<input type="text"/>		Phone (home)	<input type="text"/>
	<input type="text"/>		Phone (work)	<input type="text"/>
	<input type="text"/>		Cell phone	<input type="text"/>
E-mail	<input type="text"/>		Languages spoken	<input type="text"/>

Health problems No Yes, specify

Emergency contact Name and Relation to you

Phone and/or fax and/or e-mail

Volunteer experience No Yes, specify

Project choice according to your preference

	Country	Project title	Project dates
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks (e.g. applying for more than one project, wish to participate together with a friend, diets or other special needs, etc.)

Your motivation to volunteer in the chosen projects

Participation and membership fee (choose one)

cheque payable to CADIP (send it together with this form at 353-1350 Burrard Street., Vancouver BC, V6Z 0C2, Canada)

credit card (Please, fill out the form on page 2 and fax it together with this form at 1-604-998-1356)

I acknowledge and accept CADIP Terms and conditions of the volunteer projects and I am willing to participate in any of the projects that I have chosen.

Date

Signature

Credit Card Authorization and Consent Form

I, _____ hereby authorize

CADIP – Canadian Alliance for Development Initiatives and Projects to charge my credit card for participation in a volunteer program and membership fee.

Type of Card Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Credit Card billing address: _____

Total amount to be charged: _____ (CAD) Canadian Dollars

Authorized Signature of Cardholder _____

Signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of payment. I acknowledge and accept CADIP Terms and conditions of the volunteer projects listed online at www.cadip.org/Terms&conditions.htm . I certify that I am willing to participate in any of the projects that I have chosen in the Volunteer Enrollment Form.

Signature: _____

Date: _____