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| **Dejavata JpegWORKCAMP VOLUNTEER EXCHANGE FORM (VEF)**(PLEASE WRITE IN AND ANSWER ALL QUESTIONS **IN ENGLISH**) |

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| 1. | Surname: Present address:  Telephone: Dates at this address: From: To:  |  | First name: Sex : Male / Female Permanent address (if different):  Telephone: Email:  |
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|  |
| 2. | Birthdate: Birthplace\*: Nationality: Passport No\*: Occupation:  *(\*if visa is required)* | 3. | EMERGENCY CONTACTName: Telephone (Day):  (Night):  |
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| 4. | LANGUAGESSpeak well: Speak some:  | 5. | REMARKS ON HEALTH/SPECIAL NEEDS/DIET   |
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| 6. | PELASE GIVE DETAILS OF YOUR ACADEMIC BACKGROUND AND ANY PREVIOUS OR CURRENT WORK EXPERIENCES   |
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| 7 | WHAT COULD BE YOUR CONTRIBUTION TO THE PROJECT THAT YOU WILL JOIN?   |
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| 8 | WHAT ARE YOUR FUTURE PLANS?   |
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| 9 | HOW YOU WILL USE THE RESULTS OF THIS PROJECT IN YOUR STUDY / WORK AFTERWARDS?   |
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| 10 | HAVE YOU BEEN INVOLVED IN CERTAIN ORGANIZATION, CLUBS OR LOCAL / INTERNATIONAL PROJECTS?   |
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| 11 | PLEASE DECRIBE THE STRENGTH AND WEAKNESS ASPECTS OF YOUR PERSONALITY?   |
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| 12 | DO YOU HAVE PAST VOLUNTEER EXPERIENCES/GENERAL SKILLS (*indicate the country, year and type of work*)   |
|  |
| 13 | PROJECT CHOICES ACCORDING TO PREFERENCE:  |  |  |
|  | COUNTRY | CODE | NAME |  |  | DATES | REMARKS |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
|  |
| 14 | BOOK ANOTHER PROJECT FOR ME IF ALL ABOVE ARE FULL: [ ] YES [ ]  NO |
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|  | Dates available:  |  | Country/region preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  | TYPE OF PROJECT MOST PREFERRED *(please number according to preference)* |
|  |  |  |  |
|  | [ ] Archaeology | [ ] Construction | [ ] Renovation | [ ] Special needs | [ ] Youth/children |
|  |  |
|  | [ ] Agriculture | [ ] Elderly | [ ] Environmental | [ ] Cultural/arts | [ ] Study |
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| 15 | WHAT IS THE MAIN REASON FOR APPLYING THIS PROGRAM?   |
| 16 | WHAT CHALLENGES AND DIFFICULTIES DO YOU THINK YOU WILL ENCOUNTER DURING THE PROGRAM?   |
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I accept the conditions of participation according to the programme of Dejavato Foundation and I fully understand and accept my responsibility to obtain health insurance for the duration of my travels.

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| Photo |

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| **DEJAVATO FOUNDATION:** Jl. Bukit Panjangan Asri Blok M No.7, Semarang Barat 50147, Central Java – INDONESIA, Tel: +62-24-76636091 Fax: +62-24-76636091, Email : info@dejavato.or.id, Web : www.dejavato.or.id |  | Signature: Date:  |