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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 CONTACT  Name:  Telephone (Day):  (Night): | | | | | |
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| 4. | LANGUAGES  Speak 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*) | | | | | | | | | | | | | | |
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| 13 | PROJECT CHOICES ACCORDING TO PREFERENCE: | | | | | |  | | |  | | | | | |
|  | COUNTRY | | | CODE | NAME | |  | |  | | DATES | | | REMARKS |
| 1. |  | | |  |  | |  | |  | |  | | |  |
| 2. |  | | |  |  | |  | |  | |  | | |  |
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| 14 | | BOOK ANOTHER PROJECT FOR ME IF ALL ABOVE ARE FULL: YES  NO | | | | | | | | | | | | | |
|  | |  | | | | | |  | |  | | | | | |
|  | | Dates available: | | | | | |  | | Country/region preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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|  | | TYPE OF PROJECT MOST PREFERRED *(please number according to preference)* | | | | | | | | | | | | | |
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|  | | Archaeology | Construction | | | Renovation | | | | | | Special needs | Youth/children | | |
|  | |  | | | | | | | | | | | | | |
|  | | Agriculture | Elderly | | | Environmental | | | | | | Cultural/arts | Study | | |
|  | | | | | | | | | | | | | | | |
| 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: |