**REGISTRATION FORM**

**ATTACH A PASSPORT SIZE PHOTO**

**FOR VOLUNTEERS**

**Please answer all the following questions:**

|  |  |
| --- | --- |
| **Name:** | **Last Name:** |
| **ID number:** | **Date of Birth**: |
| **Address (street, number, zip code, country, province)**: | **Telephone number:**   * **Cell phone:** * **Home:**   **Name and phone number of person of contact:** |
| **Email address:** |
| **Do you work? :**   |  | | --- | | **□ Yes (please specify your field of work)**  **□ No** | | **Knowledge of languages (specify level):** |
| **Which Volunteering Program are you interested in?**  **□ National Volunteering Program**  □ Volunteering at headquarters  □ Volunteering in other autonomous communities  □ Volunteering in projects nationwide  **□ International Volunteering Programs** | |
| **How did you find out about us?** | |
| **Education/ Professional experience:** | |
| **Hobbies that are of your interest:** | |
| **What are the reasons that motivate you to become a volunteer?** | |
| **Do you have any previous experience as a volunteer? (If yes, indicate the association, place, how long you were there, and your chores?** | |
| **Volunteering formation (if yes, indicate name of the course, name of center that taught the course, subjects taught in class, and year):** | |
| **What activities would you like to participate in throughout this volunteering? What are your expectations?** | |
| **Dates you would like to start:** | |
| **Have you ever suffered or currently suffer from an illness? Do you have any allergies?** | |
| **Time preference to assist a meeting in our office (C/General Arrando, 42 Bajo Izq.)**  □ Tuesday from 13h to 14h  □ Thursday from 18h to 19h | |
| **Observations (you can add comments, ideas, suggestions):** | |
| **Date and signature:** | |

Please send this form to this email address: [voluntariado@fcesperanzayalegria.org](mailto:voluntariado@fcesperanzayalegria.org)

**¡¡THANK YOU FOR YOUR INTEREST!!**

**¡¡WE WILL CONTACT YOU AS SOON AS POSSIBLE!!**