

APPLICATION FORM – VOLUNTEER 2018

**SUMMARY:**

Family name and given name		
sex	F	M
Name University/School		
Faculty or department		
Name of the training and current study programme (semester or year)		
How did you learn about this project?		
Did you apply through your University?		
Is your University aware of your application with C-re-aid?		
<i>If applicable:</i> Study component to which the stay relates (e.g. thesis, placement)		
<i>If applicable:</i> Contact person at your University.		
Can you apply for a scholarship? If yes, which one?		
Expected stay duration	Expected duration (months/weeks)	
	Expected Departure date	

Address

P.O. BOX 8817 Moshi, Tanzania

Web <https://laiaacuapiscis.wixsite.com/majimotodispensary>  
[www.c-re-aid.org](http://www.c-re-aid.org)

Phone  
 +255 763 730 595  
 +39 3248170791  
 Email / Paypal

Registration N° TZ  
 97219  
 C-re-aid vzw N° BE

layagema@gmail.com

0505.759.582

	Expected Return date	

**PERSONAL DATA:**

Nationality	
Place and date of birth	
Official address and phone number	
Contact address (if different) and (mobile) phone number	
Phone number of a third person in case of emergency	
Student email address	
Personal email address	
Languages List each language together with your standard (basic / average / excellent).	
Relevant experience State experience that is relevant to the assignment (e.g. voluntary work) and whether you have been to a developing country (if so as part of what?).	

OTHER INFORMATIONS
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C-re-aid expects your full commitment to the assignment and respect for the local culture and people of Tanzania.

I confirm that I shall purchase a travel insurance that is valid in the destination country for the duration of my stay. Minimally, this insurance should cover accidents, illness and repatriation.

I confirm that I shall follow the medicine and vaccination recommendations for my destination.

I accept that neither the higher education institution from which I am applying for, as C-re-aid is responsible for any situation that causes damage to myself or third parties or for any damage during my stay in the South.

You are enrolled in the program once the application is approved and the participation fee (250 euro) is paid on the C-re-aid vzw account ( **IBAN** KBC BE19 7390 1100 0912 **BIC** KREDBEBB ).

**Place and date:** [Click here to enter text.](#)      [Click here to enter a date.](#)

**Signature:**

Adress

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