



SHARING LIVES VOLUNTEER APPLICATION FORM

1. Applicant details:

Name and surname: _____

Address: _____

Date of birth: _____

ID / Passport number: _____

Home telephone number: _____

Mobile number: _____

Email: _____

2. Description of applicant's educational background:

3. Description of applicant's employment background (if applicable):

4. Personal skills and hobbies:

Languages: _____

Driving license: _____

Computer skills: _____

Other hobbies and skills: _____

5. Applicant's availabilities:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Evening							

6. Types of voluntary work the applicant is interested in.

Types of voluntary work:

Mark X where applicable:

Social contact

Small group activities and programmes

Large-scale one-time events (e.g. parties)

Travelling abroad

7. How long would the applicant be able to commit to this voluntary experience?

8. Applicant's preferences (e.g. locality):

9. From where did the applicant hear about Sharing Lives?

Mark X where applicable:

TV / Radio

Social media

Friends

Other (please specify)

10. Reference person:

Name and surname: _____

Address: _____

Designation: _____

ID / Passport number: _____

Mobile number: _____

Email: _____

Signature of Reference Person: _____

Note: Alternatively the applicant can submit a reference letter

11. Volunteer's Consent

I hereby confirm that the information provided is correct and give permission to Agenzija Sapport to process my data in accordance with the Data Protection Act.

I give permission to Agenzija Sapport to contact my Reference Person, should it requires to.

Applicant's signature: _____

Date: _____