

ASOCIACIÓN SANITO NICARAGUA APPLICATION FORM FOR VOLUNTEERS *** Please fill in the form and send it to contact@sanito.org ***									
1. First Name	- 1	Second Name		First surn	ame	_	Secon	d Surname	
1. I fist i valle		become reame		Tirst sum			Secon	a Surname	
2. Current add	dress (for o	communicatio	n)	1	d	3. Pho	ne:		
4. Permanent a	ddress					5. Phone:			
6. E-mail		7. ID (applies only for Nic		icaraguan				Female	
9. Place of birth		10. Date of birth (day, month, year)		11. Cur	Current nationality 12		12. Pa	Passport number	
13. Education							ı		
	Name and Place					Grade Academic		Title / Diploma	
Secondary School									
University			5						
Technical			į.						
Others							_		



14. Experience in professional and voluntary work							
Name of Workplace	Place	Duration	B. You	Work content			
			m /				
	79						
15. Which other experiences or	<mark>abilit<mark>ies</mark> would yo</mark>	u like to o <mark>ffe</mark> r	?	K 1			
16. LANGUAGES – (list your r	nother langu <mark>age f</mark> i	irst) S	<mark>Satis</mark> factory	Good	Excellent		
17. Service interest							
(A) Please tell us how you	learned about the	Asociacion S	anito Nicaragua.	•			
(B) Please describe in one paragraph why do you want to work with us.							



(C) Mark with an X the area you would like to work in					
☐ Food Security					
□ Poverty Reduction					
☐ Ecological Risks					
□ Cultural Activities					
(D) Explain why you want to work in this area and what your expectations are.					
(E) How long would you like to work here (years/months)? When would you like to start?					
18. What kind of accommodation are you going to need?					
□ None – I am going to have my own accommodation					
☐ Home Stay – live, sleep, and eat with a local family in their home					
☐ A bed in a dorm or a private room – I am going to pay the expenses					
19. Health					
(A) Do you have any physical limitations or illness which could affect your work? If yes, which?					
(B) Do you need any medicine regularly? If yes, which? Explain the conditions.					



Emergency Contact						
20. Name		21. Kinship				
22. Phone at home		23. Phone at work				

DECLARATION

I UNDERSTAND THAT:

Asociación Sanito is a non-governmental development organization. Its projects are focused on health prevention of the habitants of the Island of Ometepe.

My work is voluntary and I do not receive any remuneration from Asociación Sanito Nicaragua.

24. Date (day, month, year)		25. Signature
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