



# volunteer enrollment form

(PLEASE PRINT LEGIBLY IN BLACK AND IN CAPITALS AND ANSWER ALL QUESTIONS)

First name	<input type="text"/>	Family name	<input type="text"/>
Birthdate (mm-dd-yyyy)	<input type="text"/>	Age	<input type="text"/>
		Sex	<input type="text"/>
		Nationality	<input type="text"/>
Country of residence	<input type="text"/>		
	Occupation	<input type="text"/>	
Address	Phone (home)	<input type="text"/>	
	Phone (work)	<input type="text"/>	
	Cell phone	<input type="text"/>	
E-mail	Languages spoken	<input type="text"/>	

Health problems  No  Yes, specify

Emergency contact Name and Relation to you

Phone and/or fax and/or e-mail

Volunteer experience  No  Yes, specify

### Project choice according to your preference

	Country	Project title	Project dates
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks (e.g. applying for more than one project, wish to participate together with a friend, diets or other special needs, etc.)

Your motivation to volunteer in the chosen projects

### Participation and membership fee (choose one)

- cheque payable to CADIP (send it together with this form at 1350 Burrard Street, Vancouver BC, V6Z 0C2, Canada)
- credit card (Please, fill out the form on page 2 and e-mail it together with this form to CADIP)

I acknowledge and accept CADIP Terms and conditions of the volunteer projects and I am willing to participate in any of the projects that I have chosen.

Date

Signature

## **Credit Card Authorization and Consent Form**

I, \_\_\_\_\_ hereby authorize  
CADIP – Canadian Alliance for Development Initiatives and Projects to charge my  
credit card for participation in a volunteer program and membership fee.

Type of Card     Visa     MasterCard     American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV (Card Security Code): \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Credit Card billing address: \_\_\_\_\_

\_\_\_\_\_

Total amount to be charged: \_\_\_\_\_ (CAD) Canadian Dollars

Authorized Signature of Cardholder \_\_\_\_\_

Signing this, I acknowledge the charges described hereon and assume full responsibility  
for said charges and agree to honour and abide by the terms of payment. I  
acknowledge and accept CADIP Terms and conditions of the volunteer projects listed  
online at [www.cadip.org/TermsAndConditions](http://www.cadip.org/TermsAndConditions). I certify that I am willing to participate in  
any of the projects that I have chosen in the Volunteer Enrollment Form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_