



# volunteer enrollment form

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

First name  Family name

Birthdate  (mm-dd-yyyy) Age  Sex  Nationality

Country of residence  Occupation

Address

Phone (home)

Phone (work)

Cell phone

E-mail  Languages spoken

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			
2			
3			
4			
5			
6			

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 353-1350 Burrard Street, Vancouver BC, V6Z 0C2, Canada)

credit card ( Please, fill out the form on page 2 and fax it together with this form at 1-604-633-1284)

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

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

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

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: \_\_\_\_\_