

APPLICATION FORM FOR A VOLUNTARY SERVICE WITH ICHANGE IN ZAMBIA, AFRICA



It would be best if you print out this application form and fill it out completly. Thereafter you can either send us the application by mail to the address in the header or by E-Mail to zambia@iChange.ch.

After receiving your application we will get in contact with you as soon as possible in order to schedule a personal interview.

PERSONAL INFORMATION			
Last Name:			
First Name:			
Date of Birth (dd/mm/yy):			Picture
Sex: m w .			
Nationality:			
Language(s):			
Passport No:	Date of expiry (dd/m	m/yy):	
Highest education:			
Occupation:			
Address / Contact Information			
Street:	No	o:	
City:	Zi _l	o code:	
Country:	State:		
Phone:	F-Mail:		



Information on health and drug consumption

Consumption of dru	ıgs:			
Smoking:	often	occasionally	seldom	never
Drinking alcohol:	often	occasionally	seldom	never
Other drugs consu	ımed:			
Health issues or kr	nown diseases:			
		·		
Emergency con	tact inform	ation		
_ast Name:			First Name:	
Nationality:				
Phone (private):				
- na-1				



Expectations towards voluntary service				
When I would like to start the program:				
How long I would like to do voluntary work: weeks months				
Activities which I would like to do or take part in: (It is possible to tick more than one activity. We are open to other suggestions.)				
Teach or support teachers at the Mackenzie Community School				
Work at St. Anthony's Children's Village (local orphanage)				
Teach basic skills to local people (e.g. basic computer functions, tailoring, carpentry)				



Letter of motivation

y do you want to do voluntary work and what to you hope ectations, apprehensions, previous experiences etc.)	to game, the modern action, according to

iChange Am Wildbach 7 8320 Fehraltorf Switzerland		1 Change.ch
		and to the best of my knowledge. I that I am suitable for a voluntary
Location, Date	 Signature	