

## **Information of the participants**

### Volunteer Project in **Peru**

#### **Participant:**

Name:

Address:

Telephone number (home):

Mobile phone:

E-mail address:

Date of birth/birth number:

Passport number/expiration date:

Name of your Organization:

\*Please attach your organization logo to this document.

\*Please, write a short paragraph describing the work you do with your organization

#### **Health:**

Any illnesses the leaders of the exchange need to know about?

Are you using any medications?

If so, name of the medication(s):

(Check with your doctor/pharmacy if you need a special permit to bring the medication abroad.)

Do you need any special diet during the exchange?

#### **Travel insurance/Bank:**

Type/Company:

Card number:

Dates the insurance is valid:

Phone number to insurance company in case of need for reporting:

Phone number to bank in case of lost credit card:

#### **Next of kin 1:**

Relation:

Name:

Address:

Telephone number (home):

Mobile phone:

E-mail address:

**Next of kin 2:**

Relation:

Name:

Address:

Telephone number (home):

Mobile phone:

E-mail address:

Attachments to this document:

Photo of passport

Photo of insurance card

Logo of your organization

Signature: