

Application Form - Volunteers

NOT JUST NUMBERS training

Turku, Finland

First name and Surname				
Name of the organization represented				
	•			
Country of residence	Gender		Date of Birth	
Address		Postal code, Town and Country		
Mobile phone (international dial code)	Skype name		Email	
		<u>. </u>		
Level of your proficiency in English	sh:			
Fluent Average	Basic	Ę	oor .	
Therite	Dusic	1	001	
When are you able to help? (before dates)	rehand, dui	ring the trai	ining or both, some specific	

What kind of tasks you would be interested about? (planning teateam etc.)	ım, driving, food
Do you have any special needs or dietary requirements that we s	should know about?
(E.g. mobility, medical needs, allergies, dietary restrictions, etc.)	
Motivation	
Why would you like to take part in this training as a volunteer?	

The completed application form must be sent to:

 $\underline{info@stepeurope.org}$

by 18th of September, 2017