



# Volunteers For Peace Vietnam (VPV)

Address: No. 16A, Van Minh Alley, Mai Dich, Cau Giay, Hanoi, Vietnam

E-mail: [out@vpv.vn](mailto:out@vpv.vn)

Phone number: +84 338 926 243

## Volunteer Exchange Form

<b>First Name</b>			<b>Family Name</b>			<b>Gender / Age</b>	<b>Date of Birth</b>
<b>Present Address</b>							
<b>Permanent Address</b>							<b>Present Occupation</b>
<b>Nationality</b>			<b>Home Tel.</b>				
<b>Passport Nr.</b>			<b>Mobile Tel.</b>			<b>Company/</b>	
<b>E-mail Address</b>				<b>Skype:</b>			<b>University name</b>
<b>Urgent contact</b>	Full name						<b>Mother tongue:</b>
	Relationship with volunteer						
	Contact number (Phone)						
	Email address						
<b>Language Skills (1)</b>	English	<b>Level</b>	Beginner	Intermediate	Upper-intermediate	Advanced	
<b>Language Skills (2)</b>		<b>Level</b>	Beginner	Intermediate	Upper-intermediate	Advanced	
<b>Language Skills (3)</b>		<b>Level</b>	Beginner	Intermediate	Upper-intermediate	Advanced	
<b>Please list three choices in order of your preference for efficient placement</b>							
<b>No.</b>	<b>Country</b>	<b>Camp Code</b>	<b>Name or Location of the project</b>			<b>Duration of the project</b>	
<b>Motivation or expectation for joining the program.</b>							
<b>(Type here)</b>							
<b>Previous voluntary service or workcamp experience.</b>							
<b>When</b>	<b>Where</b>	<b>What</b>				<b>Which organization</b>	
<b>Please list any of your technical skills</b>							
<b>(Type here)</b>							
<b>Remarks on health/special need</b>							



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(Type here)

I would like to participate in the International Workcamp governed and recommended by VPV. I acknowledge what I am supposed to do and whether there may be extra activities in the workcamp that I apply for. I agree not to sue VPV for any legal and financial damage and loss incurred during the work camps. I understand that I should pay for my insurance personally. Hereby, I agree to take any responsibility for any injuries and damage incurred in the workcamps, and to participate in any activity sincerely throughout the whole workcamp. I hereby accept the conditions of participation in the workcamps by the host organizations.

Date: DD/MM/YYYY

Signature of volunteer:

(Please insert your digital signature if any)

(Your FULL NAME)