

UGAB Arménie, Terre de Vie

Programme humanitaire et socia

Personal Information

| Last Name: | | | | | |
|--------------------------|--|-------------------------|--|--|--|
| First Name: | | | | | |
| Date of birth: / | ID Picture | | | | |
| Place of birth: | in Color | | | | |
| Citizenship(s): | | | | | |
| Address: | | | | | |
| | | | | | |
| ZIP Code: | City: State: | | | | |
| Country: | | | | | |
| E-mail Address: | | | | | |
| Phone Number: | | | | | |
| Name of your emergency | / contact: | | | | |
| Phone Number of your e | mergency contact: | | | | |
| E-mail address of your e | mergency contact: | | | | |
| Relation between the pa | rticipant and the emergency conta | act: | | | |
| | | ······ | | | |
| address and phone nu | collect my personal information as mber. This information is securely or share any personally identifiable | stored internally. AGBU | | | |
| Date: | Signature: | re: | | | |

About You

| Can you assure your particip ☐ Yes | ation in th | is year | 's program? | ? | |
|---|----------------|-----------|----------------|------------|--------------|
| □ No, explain: | | | | | |
| Can you assure you will be availa ☐ Yes ☐ No, explain: | | | - | | |
| What language(s) do you speak? | ? | | | | |
| | Fluent | Good | Intermediate | Beginner | Do not speak |
| French: | | | | | |
| English: | | | | | |
| Armenian: | | | | | |
| Other, specify: | | | | | |
| Have you ever had any experien ☐ Yes, specify: ☐ No | | _ | | | |
| Do you have any specific artistic | skills (arts a | and craft | s, music, dand | ce, etc.)? | |
| ☐ Yes, specify: | | | | | |
| Do you have any skills in sport? | | | | | |
| ☐ Yes, specify: | | | | | |
| Have you ever had an experience | e in the con | structio | n or architec | tural desi | gn? |
| ☐ Yes, specify: | | | | | |

About You

| How did you learn about Arménie, Terre de Vie? | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| What does it mean to you to participate in this program? | | | | | |
| | | | | | |
| What do you feel you can bring to the program as a whole? | | | | | |
| | | | | | |
| | | | | | |
| Do you have any personal contacts or business relashionships that could help us finance our 2024 projects? | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Each volunteer will have to fundraise a minimum of 500 dollars to participate in the program. | | | | | |
| I will find the donations from my friends and family I will personally make a donation | | | | | |
| ☐ I will ask my company to pay my volunteer hours as a donation | | | | | |
| 1. Submit application form, curriculum vitae, and a motivation letter by June 7, 2024, to atdv@agbu.org | | | | | |
| 2. Interview screening via Zoom with the program leaders | | | | | |
| 3. Participants informed of enrollment | | | | | |
| 4. Send registration form by June 14, 2024 at atdv@agbu.org | | | | | |
| 5. Fundraising (minimum 500 dollars per participant) begins upon notice of participation and ends June 28, 2024 | | | | | |