

AFRO-EUROPEAN MEDICAL AND RESEARCH NETWORK (AEMRN)



www.aemrnetwork.ch

Application form for Participation in International Multi-Disciplinary Work camps

1. Family name.....
2. Given names.....
3. Sex : Male Female.....
4. Date of birth.....(day, month, year) Age.....
5. Nationality.....
6. Present occupation..... Area of Specialisation.....
if student, state subject area.....
7. Address: street....., Postal code....., Town.....Country.....
8. Telephone phone number (home).....Mobile.....Work.....
c) email address.....
9. Emergency contact (phone number) / name of the contact person whilst you are away on the project.....
10. Passport number..... (Check visa requirements for chosen project location)
11. Give details of your voluntary / community work experience including work camps if applicable.....
12. Reason(s) for participation in workcamp (can use extra sheets)
b) What do you think you can contribute to the workcamp as a volunteer?
.....
13. a) Mother tongue.....
b) Other languages you speak. Please indicate Fluent, Good, or Basic.
.....
14. a)Special Dietary needs, e.g. vegetarian,Religious, Medical reasons.....
b) Any serious accidents, illnesses, disabilities, allergies.....
15. Workcamps chosen in order of preference:
A **Kitale** and 20-25 Surrounding town and villages in north western Kenya.
• Period : 5th November – 7th December, 2007

B. **Monrovia** and 15-20 surrounding villages in Liberia
• Period : 16th April -17th May 2008

- C **Bekoko** Village, Cameroon
School building, teaching and School health programme
• Period : 20th June- 19th July 2008

16. Estimated time you can afford to volunteer at the Workcamps.....

b) Why do you choose this particular workcamp?.....

.....

17. What do you expect from it?.....

.....

Please send the completed application form by email to contact@aemrnetwork.ch or Afro-European Medical and Research Network Headquarters, Bernstrasse 128, 3052 Zollikofen. Switzerland or Fax 0041 31 534 1794.

Please if the given address above is a temporary one, kindly write your permanent address.
If necessary, please indicate the dates within which this address is valid.

.....

I declare that I have read through the conditions to participate in AEMRN workcamps conditions of participation in the programme on the website www.aemrnetwork.ch under work camps proposals. **With my signature below, I confirm that I have understood and agreed to these conditions and that am above 18yrs of age.**

Place and date..... Signature of Volunteer.....