

**BOOK TO READ FOUNDATION VOLUNTEER/ INTERNSHIP FORM**

(Please carefully fill this form and email it to [info@booktoreadfoundation.org](mailto:info@booktoreadfoundation.org))

TITLE: .....

FORENAMES (ON PASSPORT): .....

SURNAME (ON PASSPORT): .....

DATE OF BIRTH (DD/MM/YY): .....

NATIONALITY (ON PASSPORT): .....

AGE ON DEPARTURE: .....

GENDER: .....

PASSPORT NUMBER: .....

PLACE OF ISSUE: .....

DATE OF EXPIRY: .....

OCCUPATION: .....

DURATION OF STAY (WEEKS: .....

PROJECTS YOU WOULD LIKE TO VOLUNTEER IN: (TICK ONE)

VOLUNTEERS IN EDUCATION

VOLUNTEERS IN GAME MASTERS

VOLUNTEER IN HEALTH

PROPOSED DATE OF START: ...../...../.....

DO YOU HAVE ANY SPECIAL MEDICAL CONDITIONS WE SHOULD KNOW?

YES

NO

(Please state below if any)

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**DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS?**

YES  NO

**(Please state below if any)**

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**NB: In submission of forms please attach your curriculum vitae/ resume with a full picture of yourself. Do not hesitate to email us or phone us for better clarification on any of the details required to complete this form. Thank You.**



**BOOK TO READ**  
FOUNDATION