



Casa Voluntary Work®
We Know How To HELP

Volunteer Application

Address : Centre social Al Fida ,20554 BD Aba Chouaib
Doukali, Casablanca , Maroc.

Fax : (212) 537 27 23 98 / **Tel :** (212) 657784760

E-mail : casavoluntarywork@gmail.com

Website : cvw.webs.com

PERSONAL DETAILS

FIRST NAME :

LAST NAME :

DATE OF BIRTH :

PHONE NUMBER:

E-MAIL ADDRESS :

NATIONALITY:

LANGUAGE/-S SPOKEN:

	ELEMENTARY	INTERMEDIATE	FLUENT	MOTHER TONGUE
ENGLISH				
SPANISH				
FRENCH				
ARABIC				
RUSSIAN				

Previous Volunteer Experience

Summarize your previous volunteer experience.

What is your motivation to attend this Voluntary Program?

WHAT DO YOU EXPECT TO GAIN THROUGH THIS EXPERIENCE?

Please tell us a little bit about yourself, e.g. your hobbies, interests, current or past employment, current or past voluntary experience:

How did you hear about CVW ?

Friends

Google

Yahoo

Facebook

Other(Explain)

AGREEMENT AND SIGNATURE :

By submitting this application, I affirm that the facts set forth in it are true and complete. and I understand THAT access to this information is restricted to authorised staff within CVW, and will not be passed to any other organisation or agency.

Volunteer's Signature

Date:

Please return completed form to: casavoluntarywork@gmail.com