

WETLAND LIFE CONSERVATION INITIATIVE

VOLUNTEER PLACEMENT APPLICATION FORM



NAME _____

SIGNATURE _____ DATE _____

1. Personal/Contact Details

Name			
Address			
Postcode			
Telephone Number		Mobile	
Email address			
How would you prefer to be contacted?			

Age		D.O.B	
Gender	Male		Female
Dietary Requirements			
Existing Medical conditions. Please confirm any existing conditions that may be exacerbated by working in a remote setting			
Are you taking medication for a long term condition?		If so, please confirm that you will bring enough medication for the duration of your stay.	
Contact Details for next of kin	Address & mob, no.		

Nationality	
Occupation	

How did you find out about the research project?

Please state when and for how long you would be available for a volunteer placement.	
First choice	Duration

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3. Employment/Work Experience

Please begin with the most recent relevant experience

<i>From Month/Year</i>	<i>To Month/Year</i>	<i>Name of Employer/Organisation</i>
<i>Job title, duties & responsibilities</i>		

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