



## Volunteer Application Form

THIS APPLICATION CAN BE COMPLETED ON-SCREEN AND PRINTED OUT, PRINTED OUT AND FILLED IN BY HAND, OR E-MAILED.

TO MAIL OR FAX:  
FUNDACION NED  
PO Box 43  
46111 ROCAFORT (VALENCIA, SPAIN)

e-mail: [secretaria@nedfundacion.org](mailto:secretaria@nedfundacion.org) | Fax +34 961 310 384

### 1. PERSONAL

Date of Application

Surname:

Name:

Address:

Nationality:

Address 2:

Town:

Zip Code:

Country:

e-mail:

Phone:

Cell phone:

Fax:

### 2. EDUCATION

#### a. Medical

Dates:

Position/Degree:

Institution:

City:

Country:

#### 1) Training / Courses

Dates:

Position/Degree:

Institution

City:

Country:

Dates:

Position/Degree:

Institution

City:

Country:

Dates:

Position/Degree:

Institution

City:

Country:



Dates:

Position/Degree:

Institution

City

Country:

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## 2) Experience

Dates:

Position/Degree:

Institution:

Country:

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Dates:

Position/Degree:

Institution:

Country:

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Dates:

Position/Degree:

Institution:

Country:

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## b. No Medical

Dates:

Position/Degree:

Institution:

Country:

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## 3. SOCIETY MEMBERSHIPS

Dates:

Society Name

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Dates:

Society Name

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Dates:

Society Name

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## 4. MAJOR INTERESTS

## 5. OTHER INTERESTS

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## 6. LANGUAGE SKILLS

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Language:	Level:
Language:	Level:
Language:	Level:
Language:	Level:

## 7. PREVIOUS EXPERIENCES

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## 8. VOLUNTEER EXPERIENCE

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Dates:	Year:	Country:
Comments:		

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Dates:	Year:	Country:
Comments:		

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Dates:	Year:	Country:
Comments:		

## 9. VOLUNTEER AVAILABILITY

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Term:  
Available dates:  
Comments:

## 10. ADDITIONAL NOTES

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