

## BECOME A VOLUNTEER

If you are willing to offer some of your time to do volunteering activities for our organization, please fill this form and send it to the following email address:

- email : [volontario@martaperglialtri.org](mailto:volontario@martaperglialtri.org)

\*Name \_\_\_\_\_ \*Surname \_\_\_\_\_

Place of birth \_\_\_\_\_ \*Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_ \*Country \_\_\_\_\_

Home tel. \_\_\_\_\_ Mobile tel. \_\_\_\_\_

\*Email \_\_\_\_\_

\* Education

\_\_\_\_\_

Name of Company you work at: \_\_\_\_\_

Business area \_\_\_\_\_

Job Title \_\_\_\_\_

Would you please write the reason why you want to collaborate with Marta P.G.A. ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please choose the area of your interest**

- Fund raising
- Organization of events
- Web master/developer
- Marta P.G.A. promoter
- Text translation
- Other- please specify: \_\_\_\_\_

**\*Language knowledge**

- |                                       |                                       |                               |                                   |
|---------------------------------------|---------------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Italian      | <input type="checkbox"/> intermediate | <input type="checkbox"/> good | <input type="checkbox"/> advanced |
| <input type="checkbox"/> English      | <input type="checkbox"/> intermediate | <input type="checkbox"/> good | <input type="checkbox"/> advanced |
| <input type="checkbox"/> French       | <input type="checkbox"/> intermediate | <input type="checkbox"/> good | <input type="checkbox"/> advanced |
| <input type="checkbox"/> Spanish      | <input type="checkbox"/> intermediate | <input type="checkbox"/> good | <input type="checkbox"/> advanced |
| <input type="checkbox"/> German       | <input type="checkbox"/> intermediate | <input type="checkbox"/> good | <input type="checkbox"/> advanced |
| <input type="checkbox"/> Others _____ | <input type="checkbox"/> intermediate | <input type="checkbox"/> good | <input type="checkbox"/> advanced |

In order to allow us to use your personal information, according to current Italian Law, please sign the form. Thank you.

Date \_\_\_\_\_ Signature: \_\_\_\_\_

Note: all fields marked with \* are mandatory

According to Italian law D.Lgs. 196/03 I give permission to “ Marta Per Gli Altri” to use my personal informations limited to statistics and Organization’s Statutory purposes.