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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VOLUNTEER ENTRY FORM**  **WELCOME TO LEO!** | | | | | | | | | | | | | | | | |
| Arrival Date: | Click here | | | | | Departure Date: | | | | Click here | | Number Of Weeks: | | | |  |
| First Name: | |  | | | | | | | | | Sex: | | Choose an item. | | | |
| Surname: | |  | | | | | | | | | Age: | |  | | | |
| Date Of Birth: | |  | | | | | | | | | Nationality: | |  | | | |
| Home Address:  (Including Postcode) | |  | | | | | | | | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | |
| Alternative Email Address: | | | | | | |  | | | | | | | | | |
| Mobile Telephone: (Including Country Code) | | | | | | | | | | |  | | | | | |
| Home Telephone: (Including Country Code) | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| Passport Number: | | | |  | | | | | | | Place Of Issue: | | | |  | |
| Date Of Issue: | | | |  | | | | | | | Expiry Date: | | | |  | |
|  | | | | | | | | | | | | | | | | |
| PLEASE NOTE WE ARE A NON SMOKING PROGRAMME | | | | | | | | | | | | | | | | |
| Do you have any medical conditions which may affect your participation the project? If yes, please explain. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Do you have allergies? | | | | | | | | |  | | | | | | | |
| Are you currently on any medication? | | | | | | | | |  | | | | | | | |
| Do you have any diet requirements?  *We cater for vegetarians/ allergies. Any other special extras must be supplemented by the volunteer.* | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | |
| Travel Insurance Company Name: | |  | | | | | | | | | Policy Number: | | | |  | |
| Insurance 24HR Medical Emergency Number: | | | | | | | | | | |  | | | | | |
| Policy Valid From: | | | | | Click here | | | | | | Expiry Date: | | | | Click here | |
|  | | | | | | | | | | | | | | | | |
| Emergency Contact: | | | | |  | | | | | | Relationship: | | | |  | |
| Mobile Telephone: (Including Country Code) | | | | | | | | | | |  | | | | | |
| Home Telephone: (Including Country Code) | | | | | | | | | | |  | | | | | |
| Work Telephone: (Including Country Code) | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| What is your occupation? | | | | | | |  | | | | | | | | | |
| What are your interests / hobbies? | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| How did you find out about LEO? | | | | | | | | Choose an item. | | | | | | | | |
| Google/Website/Forum/Other  Please give more information I.e. website or which keywords you used. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| What are your expectations of the project? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| What do you think you can contribution to the project? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Is there anything else you would like to tell us about yourself? | | | | | | | | | | | | | | | | |
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| At LEO you are provided with one LEO volunteer t-shirt which must be worn on drives. Extra t-shirts can be purchased at LEO. Please tell us which t-shirt size you require. | | | | | | | | | | | | | | Choose an item. | | |
|  | | |  | | | | | | | | | | | | | |
| **Thank you for choosing LEO Africa and we look forward to welcoming you to our project very soon!**  **The LEO Team** | | | | | | | | | | | | | | | | |