

APPLICATION FORM – EMMAUS ASELOGNA WORK CAMP 2014

Chosen shift: 3rd – 16th August 17th – 30th August *

* If different period, please specify:

Name..... Surname.....Sex.....

Date of birth.....Place of birth.....

Address.....Country.....

Telephone..... E-mail

**“I pledge to follow the rules of Emmaus community:
the respect towards the others, their culture and religion,
the abstinence from alcohol and drug, the respect of timetables, work and work tools.”**

Emergency contact: Name.....

Telephone E-mail

Date.....

Signature

**PLEASE, LET US KNOW IF YOU CHANGE YOUR MIND SO THAT SOMEONE ELSE
COULD TAKE YOUR PLACE**