**SCI Volunteer Exchange Form - KVT Finland**

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Please fill in this form very clearly using a computer or with capital letters and a black pen.

Send the form to KVT office: For further information: +358451049829

KVT ry

Rauhanasema leirit@kvtfinland.org

Veturitori 3

00520 Helsinki www.kvtfinland.org

1. Family name: ...........................................................................................................................................................

2. Name:.............................................................................................................. 3. Gender ..................

4. Date of birth (day, month, year)...................................................................

5. Nationality ...............................................................................................................................................................................

6. Address ………………………………………………………………………………………………………………………………….

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7. Phone number.....................................................................................................................................................................

8. Email address………………………......................................................................................................................................

9. Emergency contact, name and phone number (available 24 hours during work camp)

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10. Which camp(s) would you like to participate in? Write camp code, name and dates (FI-KVT 10.1, Säppi Lighthouse Island, 23.6.-7.7.)

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11. How long have you been in Finland?

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12. Have you done voluntary work before?

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13. Why do you want to participate in a workcamp?

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14. Do you have skills that can be useful at the camp?

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15. Mother tongue ......................................................................................................................................................................

16. Do you speak English?

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17. Do you have a special diet?

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18. Do you have any health issues or medications that the camp organizers should know about?

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19. If you want to participate in the camp together with a friend please write your friend’s name here

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20. If you want to take a child with you, please give details about their age, gender, allergies, etc.

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[ ]  If I am approved to participate in a voluntary workcamp, I accept that I will be added as a KVT member and my contact information will be added to the membership registry. I accept that my information will be added also to the Service Civil International’s (SCI) volunteer placement system.

Please contact KVT if you have questions about how your information will be used.

KVT’s Privacy Policy is found here (in Finnish): www.kvtfinland.org/tietosuojaseloste

For SCI placement system the Privacy Policy is here: workcamps.sci.ngo/icamps/privacy

**Thank you for your application!**

**Hope to see you in our volunteer workcamps during the summer!**