

GREEN SUMMER VOLUNTEER CAMPAIGN 2017
APPLICATION FORM

Photo

Please complete this form in BLOCK LETTERS and mark (X) where applied.

PART A: PERSONAL INFORMATION

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
First name		
Last name		
Date of birth	DD.....MM.....YY.....	Age:
Place of birth		
Nationality		
Religion		
Passport no	Date of Issue:	Date of Expiry:

PART B: CONTACT INFORMATION

Permanent personal address in your home country

Number and Street name	
City	
Postal code	
Phone (with international code)	
Mobile (with international code)	
E-mail	

CONTACT PERSON in case of emergency

Name	
Last name	
Relationship	
Phone	
Mobile	
E-mail	

Part C: ACADEMIC DETAILS

Name of university	
Faculty	
Department	
Field of study	
Year of study	
GPA	

Specify languages in the first column. Describe your language skills under the following columns with the marks: 0 = “zero knowledge”, 1 = “basic”, 2 = “average”, 3 = “advanced”. Include your mother tongue (if other than English).

	Mother Tongue	Reading	Writing	Speaking	Listening
Thai					
English					
Vietnamese					
Others:					

PART D: PERSONAL ACTIVITIES

TYPE	ACTIVITIES
Sports/Clubs	
Hobbies	
Academic Awards	

PART E: HEALTH CONDITION

Food Allergies (only for physical reason)	<input type="checkbox"/> None <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others.....
Food Restriction (for religion or custom reason)	<input type="checkbox"/> None <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others.....
Other Allergies and Restriction	<input type="checkbox"/> None <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others

PART F: EXPECTATION

Explain why you are applying for this project and your interests and expectations from participating this project.

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IMPORTANT

I declare and certify that the information provided in this application is accurate to the best of my knowledge and agree to inform immediately the committees about any changes and amendments.

Place, Date

Signature