



HEALTH-AID
Sharing knowledge For better lives

HEALTH-AID ONLUS
IGP-SABOBA
Italian-Ghanaian Project
for the Rural-deprived in Saboba-Chereponi District

www.health-aid.org
E-mail: healthaidonlus@gmail.com

APPLICATION FORM

for short-term volunteers

Surname.....First Name.....

Date and place of birth.....Age.....

Passport #Sex.....Nationality.....

Address.....Zip Code.....

Town/City.....Country.....

Phone.....E-mail.....

Occupation.....

Med. Stud. or Health worker Yes No Other.....

English language BASIC INTERMEDIATE FLUENT

Particular Skills.....

Period: 1st choice from.....to.....

2nd choice from.....to.....

3rd choice from.....to.....

I would like to participate as Health Worker Visitor

REMARKS.....

Please fill in the AF and send it with

A.YOUR PICTURE

To:

B. MOTIVATION LETTER

Dr. DIEGO MANZONI

Via Roma, 5

I-24060 BAGNATICA (BG) Italy

Tel. +39 338 2905699 E-mail: healthaidonlus@gmail.com