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

www.health-aid.org
E-mail: info@health-aid.org

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.....

Foreign languages ……..……..

Particular Skills……..

Period: 1st choice from……..……to……..……
2nd choice from……..to…….
3rd choice from……..to…….

I would like to partecipate as Health Worker Visitor

REMARKS……
……...……
……...……

Please fill in the AF and send it with
To:

A.YOUR PICTURE
B. MOTIVATION LETTER

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