

# **Registration form for our volunteers**

Form of ad	dress
Family nam	e Given name
Street / no.	
Postal code	e / town
Country	
Date of birth	h
Nationality	
Phone (wit	h country code)
Email	
Relevant d	iseases / allergies / handicaps
Emergenc	y contact
Full name:	
Phone (inc	luding country code):

Start of volunteering	End of ivolunteering
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Additional information:

## Insurance

We recommend a travel- and a international health insurance.

## Vaccination

Vaccinations are not obligatory. We recommend to consult your doctor or a specialist

The allowance for a four-week internship amounts to € 889.00

Extension of the internship are possible if there are vacancies.

#### To confirm your booking please transfer a 40% down payment to

#### Dog Care Clinic e.V. Swiftcode/ BIC: SOLADES1VSS IBAN: DE67 6945 0065 0150 9692 21

For payments in other currencies than Euro please contact us.

Please transfer the remaining amount and the **deposit of €250.00** at least two weeks prior to arrival.

I hereby give my consent, that the Dog Care Clinic e.V. is allowed to use and store my personal data for the handling of the volunteering.

I have read and understood the 'Guidline for volunteers' and agree with the conditions of the volunteering program.

Please note – the booking is binding, in case you have to cancel the stay the down payment will not be refunded

Place and date

Signature for a binding registration