



ROTALENT

ROTALENT Association

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VOLUNTEER REGISTRATION FORM

A. CONTACT DATA

Name and Surname:

Residence address:

Non-residence address:

Phone:

E-mail:

ID series and no:

Date and place of birth:

B. EDUCATION AND OCCUPATION

Degree

High-school

Bachelor

Master

PhD

Occupation:

Employer (name of the institution):

Certificates:

Foreign language

Trainer

Project manager

Other

C. ABILITIES

Known foreign languages

Beginner

Intermediate

Advanced

Computer usage

Used operating systems

Windows

MacOS

Linux

Software

Text editing

Image editing

Presentations

Internet

Email

Search

Social media

D. DISPONIBILITY FOR VOLUNTEERING

Hours and frequency

.....daily

.....weekly

.....monthly

Period:

during whole year

during vacations

only during academic year

DATE:

SIGNATURE: