

Volunteer/Intern Application Form for Foreign Applicants

The “Center for the Development of Civil Society” is happy to receive you as a volunteer/intern
Please fill in the following information.

First Name _____

Last name _____

Country of Citizenship _____

Country of Legal Residence _____

Date of birth _____

Place of birth _____

Gender _____

Marital Status _____

Home mailing address

Street / building number _____ Apartment _____

City _____ Postal Index _____

State _____ Country _____

Telephone _____ Fax _____ Email _____

Cell Phone _____

Current Work/School Address (employer, university, other institutional affiliation)

Institution _____

Department _____ Title _____

Street / building number _____

City _____ Postal Index _____

Country _____

Telephone _____ Fax _____ Email _____

Major _____ **Degree** _____

Describe your long-term career goals _____

What languages do you speak? List all, indicating how fluent you are in each

(fluent, semi-fluent, basic) _____

Computer Skills/Software Used _____

Have you volunteered with a Civil Society Organizations before? If yes please describe

Why are you interested in an internship in our organization? _____

What specific experience would you like to gain through this internship? _____

How did you hear about our organization? _____

**When are you planning to start your internship in our organization and for how long?
(Please give specific dates, if possible)** _____

Emergency Contact Information (name, address, phone, email, relationship) _____

Street / building number _____ Apartment _____

City _____ Postal Index _____

State _____ Country _____

Telephone _____ Fax _____ Email _____

Cell Phone _____

Relationship _____

Please provide the following Health Information

Do you take any prescription or non prescription a regular basis? _____

If so, what medications? _____

Do you take have known allergy to any medications? _____

If so, what medications? _____

Do you have any medical condition of which we should be aware of? _____

If so, what condition? _____

Professional References. Mention the name, the relationship and contact info (e-mail, phone) _____

Please be aware of the CDCS history, mission, vision, activities, implemented projects and internship program

I accept terms and conditions

“ _____ ” _____, _____

Signature _____

CONTACT INFORMATION:

Postal address: 49 Nalbandian, # 7
0025 Yerevan, Armenia
Office address: 15 Aghayan, # 17
0001 Yerevan, Armenia
Tel.: (374-10) 560 544
Fax: (374-10) 585 677
E-mail: info@cdcs.am
Website: <http://www.cdcs.am>

THE CDCS IS LOOKING FORWARD TO ESTABLISHING CONTACTS AND TO COLLABORATING WITH BOTH LOCAL AND INTERNATIONAL ORGANIZATIONS