



Gesundheitsförderung Schweiz
Promotion Santé Suisse
Promozione Salute Svizzera

VOLUNTEER APPLICATION FORM

The information you provide on this form is confidential and will be shared only with the staff and organisers of the 20th IUHPE World Conference on Health Promotion in order to review and select volunteer applicants. All applicants will be informed about their status within two weeks after the reception of the application form.

Please complete and return by email to: volunteers@iuhpeconference.net. (Applications will be considered as long as volunteer places are available.)

A. Applicant Information

Given Name _____ Family Name _____

Title _____ Date of Birth _____

Mailing Address _____

State/Province _____ Post code/Zip _____

Country _____

Telephone (Business) _____ Telephone (Home) _____

Facsimile _____ Email _____

Female Male (please tick)

Country of Citizenship _____

Current Position/Employment _____

B Availability

Please indicate when you will be available to volunteer

Before the conference During the conference (10-15 July)

Please state the days you are able to help as a volunteer

Free entrance to the conference requires at least 4 hours of volunteering per day (on days you do not volunteer, attending the conference is possible for a reduced fee)

Saturday Tuesday
 Sunday Wednesday
 Monday Thursday

C Interests (Tick all boxes that apply)

For the description of the different tasks, please see the general Volunteer Program document.

- | | |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Doorman (Plenary, Sub-plenary, etc.) | <input type="checkbox"/> Registration assistant |
| <input type="checkbox"/> Room assistant (Plenary, Sub-plenary, etc.) | <input type="checkbox"/> Media volunteer |
| <input type="checkbox"/> Technical Assistant (Plenary, Sub-plenary, etc.) | <input type="checkbox"/> Information volunteer |
| <input type="checkbox"/> All-around assistance for emerging problems (Plenary, Sub-plenary, etc.) | <input type="checkbox"/> Evaluation-support volunteer |
| <input type="checkbox"/> Speakers/Authors Assistant (Plenary, Sub-plenary, etc.) | <input type="checkbox"/> Volunteer management assistant |
| <input type="checkbox"/> Stands assistant | Others _____ |

Will you be present an abstract at the conference? Yes/Number: _____ No

(Please note: We will try to consider your interests but cannot guarantee that everyone will do the tasks he/she is most interested in.)

D Skills

What skills and qualities do you think you can bring as a volunteer for Geneva 2010?

Do you have any of the following skills?

- Computer skills (please specify) _____ Language skills (please specify) _____

Please add a CV so we can estimate which role fits you best!

E Emergency Contact Details

Name: _____ Telephone: _____

F Signature

Signature of applicant _____ Date _____

Thank you for your interest in volunteering at the 20th IUHPE World Conference on Health Promotion.