To： International Volunteer Work Camp Executive Committee (Secretariat)

TEL　096-359-2121　E-mail pj-info@kumamoto-if.or.jp

The 20th International Volunteer Work Camp in ASO Application Form

I hereby apply for the event mentioned herein, upon agreeing to my personal data being used by the accommodation facility; to provide the participant with insurance for the duration of the camp; for the photos taken of me being used in the report issued after the camp has ended; that in an unlikely event of having been involved in an accident on the site or having been injured during the camp, the participant will be reimbursed within the scope of the insurance provided by the organizer.

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| --- | --- | --- | --- |
| Full name | (Romaji) | (Romaji) | Sex |
| First name | Last name | Male　・　Female |
| Nationality  | 　（　　　　 　　　years old） |
| Food restrictions | No　・　Yes　　※In case of food restrictions please see the note below |
| Affiliation | 　　　　　　　　　　　　　　　　　 School/Faculty |
| Address(Contact details） | 〒（Cellphone number）（E-mail）※Please write it in a manner that is easy to read |
| Emergency contact (residing in Japan) | Full name:Relationship:Phone number: |
| Subcommittee of choice　　Please refer to the contents of each subcommittees that can be found in a file “Subcommittees welcoming messages”　　　　　※Please fill out all 3 choices as we might not be able to accommodate the first choice |
| 1st choice |  | 2nd choice |  | 3rd choice |  |
| Notes | ※You can use this space to elaborate on what are your expectations about the camp |
| To be filled out by Secretariat |

＊The information provided in the application form is protected under strictly enforced privacy policy and is not disclosed to any third parties apart from the accommodation facility (National ASO Youth Friendship Center) and the insurance provider when necessary.

※In case of any food restrictions you may be contacted directly by the accommodation facility.