



INTERNATIONAL PEACE CORPS
INTERNATIONAL PEACE CORPS ASSOCIATION- IPCA

www.intlpeacecorps.org

APPLICATION FORM FOR MEMBERS

TITEL

FIRST NAME

LAST NAME

POSTAL CODE

COUNTRY / CITY

HOME / OFFICE. ADDRESS

DATE OF BIRTH

CITIZENSHIP

PROFESSION

PHONE

WHAT'S APP

EMAIL

I HEREBY DECLARE MY ACCESSION AS A MEMBER OF THE ASSOCIATION "INTERNATIONAL PEACE CORPS " AND ACCEPT THE STATUTES OF THE ASSOCIATION NOTED. AS A MEMBER, I AM RELIEVED FROM PAYING A MEMBERSHIP FEE BUT IT IS EXPECTED THAT FOR I WILL ACQUIRE WITHIN TWELVE MONTHS FROM THE DATE OF ACCEPTANCE AS A MEMBER ONE OF THE STAGES OF THE, IPC.

I WOULD BE INTERESTED IN ACTIVE PARTICIPATION, FOR EXAMPLE, TO VOLUNTARY RELIEF OPERATIONS.

IN MY CITY

IN MY STATE / COUNTRY

ABROAD



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IN ADDITION, I HAVE THE FOLLOWING SKILLS :

DRIVING LICENCE (KIND OF THE LICENSE):

PILOT'S LICENSE KIND OF THE LICENSE

LIFEGUARD

DIVER

DIVER INSTRUCTOR

MEDICAL EDUCATIONS AS MEDICAL DOCTOR (MD) NURSE AMBULANCE MAN

I ALSO DECLARE THAT I WILL NOT BRING FORWARD WHATSOEVER CLAIMS FOR INJURIES OR DAMAGES AGAINST THE ASSOCIATION OR ITS ORGANS MAINTAINS THAT I, DUE TO DAMAGE OR INJURIES, WHICH IN THE CONTEXT OF MY WORK THE IPCA MAY EVER SUFFER, I THEREFORE EXPLICITLY RENOUNCE TO THIS ASSERTION, THE EXERCISE OF MY DUTIES FOR THE INTERNATIONAL PEACE CORPS ASSOCIATION IS AT MY OWN RISK.

I AGREE THAT MY PERSONAL DATA (AS SPECIFIED BY ME IN THE FORM) WILL BE PROCESSED BY THE IPCA TO SETTLE THE APPLICATION.
YOU CAN REVOKE THIS CONSENT AT ANY TIME.

DATE

SIGNATURE
