



INTERNATIONAL PEACE CORPS
INTERNATIONAL PEACE CORPS ASSOCIATION- IPCA

www.intlpeacecorps.org

APPLICATION FORM

ADOLESCENT MEMBERS (AGE 15- 19)

TITEL

FIRST NAME

LAST NAME

POSTAL CODE

COUNTRY / CITY

HOME / OFFICE. ADDRESS

DATE OF BIRTH

CITIZENSHIP

PROFESSION

PHONE

WHAT'S APP

EMAIL

AS A PARENT OR LEGAL GUARDIAN OF THE CHILD WHOSE INFORMATION IS WRITTEN ABOVE, I
AUTHORIZE MY CHILD / WARD TO PARTICIPATE AS A MEMBER OF THE YOUTH IN THE " INTERNATIONAL
PEACE CORPS ASSOCIATION " AND ON BEHALF OF MY GARD, I HEE DECLARE
THAT I KNOW AND ACCEPT THE ASSOCIATION STATUTES , I ALSO BE AWARE THAT JUNIOR MEMBERS
PAY NO FEE.

I HEREBY ALSO DECLARE THAT I WILL NOT SUBMIT ANY CLAIMS FOR DAMAGES OR INJURIES AGAINST
THE ASSOCIATION OR INSTITUTION DUE TO DAMAGE OR INJURIES, WHICH IN THE CONTEXT OF THE
ACTIVITY FOR IPC THE AUTHORIZED MINOR MY SUFFER, THEREFORE, I ESPECIALLY RENOUNCE TO THIS
RIGHT, THE EXERCISE OF THE FUNCTIONS OF THE MINOR

INTERNATIONAL PEACE CORPS ASSOCIATION WILL BE ALLOWED TO HIM, BY MY OWN RISK.



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FATHER / MOTHER OR LEGAL GUARDIAN DATA :

NAME (PLEASE IN PRINT- LETTERS) :

GOVERNMENT ID CARD NUMBER :

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

DATE

SIGNATURE OF PARENTS / LEGAL GUARDIAN (S)

WITNESS SIGNATURE