

**Registration Form: “Corporate Volunteering Mission”**

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| --- | --- |
| Beneficiary association/organisation *(name, address, logo)* |  |
| Title of the mission |  |
| Objective |  |
| Brief description of the mission |  |
| Location of the mission & meeting point |  |
| Date(s) of the mission |  |
| Schedule & duration of the mission |  |
| Detailed description of the mission |  |
| Maximum numbers of volunteers |  |
| Specific skills required? |  |
| Initial training required? *(please specify)* |  |
| Equipment required? |  |
| Supervision by the association |  |
| Languages spoken by the team on site |  |
| Refreshments |  |
| Additional comments |  |

**Contact person (association/organisation):**

|  |  |
| --- | --- |
| Surname, first name |  |
| Function |  |
| Mobile number |  |
| Email |  |