

ΦΟΡΜΑ ΕΘΕΛΟΝΤΗ Δο.Συ.Π. Δ.Π.Θ.

Personal Information			
Surname and First Name			
Father's Name			
Studying field			
Semester			
Register Number			
Date of Birth			
Address	City	Address/Number	Post code
Contact Information	Telephone number	Email	
Have you ever volunteered before in the past?	Yes	No	
Description of volunteering activities			
Timeframe			
Volunteering in DOSYP			
How did you find out about our Volunteering group?.			
What are the reasons to volunteer?			
In which field would you like to volunteer? I am interested in: (please check with X)	Accompanying students with disabilities and participation in groups of interest (cultural, sport groups etc.)		
	Study helper		
	Participation in informing and developing awareness to the community about disability and mental health issues.		
	Peer groups - Role models		
	converting educational materials and textbooks into accessible formats		
	Learn Braille		
	Other		

Time Availability							
Time schedule/ Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
08.00- 09.00							
09.00- 10.00							
10.00- 11.00							
11.00- 12.00							
12.00- 13.00							
13.00- 14.00							
14.00- 15.00							
15.00- 16.00							
16.00- 17.00							
17.00- 18.00							
18.00- 19.00							
19.00- 20.00							
20.00- 21.00							
21.00- 22.00							

Time periods of availability:
Volunteer' s Skills/knowledge/Interests:
Other useful information:

The applicant

Date of submitting: