

# ENROLMENT FORM



STEP 1

Send to the office :

- by mail : 5-7 rue Guillemot, 75014 Paris

- by email : [cham@cham.asso.fr](mailto:cham@cham.asso.fr)

- Enrolment form
- 1 ID photograph
- Medical certificate \*
- Sanitary indication form  
(download on [www.chamasso.fr](http://www.chamasso.fr))
- A copy of your European Health Insurance Card \*
- Membership fee (30 €)
- Internship agreement (if needed)

\*For more information go to : [www.cham.asso.fr](http://www.cham.asso.fr), tab «How to enroll»

STEP 2

You will receive the registration confirmation by email, as well as the invoice for the payment

STEP 3

Boarding fee (285 € or 180 € according on which worksite you have chosen\*)

## WORKSITE OR INTERNSHIP

Please write 2 choices, in case your first choice would be complete

Choice n° 1 : .....

Choice n° 2 : .....

Arrival date : .....

Departure date : .....

For organizational reasons, it is imperative to plan an arrival on Sunday.

Have you ever participated to a volunteer workcamp?

Yes, with C.H.A.M    Yes, with an other organisation    No

How did you hear about the association?

.....  
.....

## PARTICIPANT INFORMATION



PHOTO

Mrs / Mr (remove the unnecessary mention)

Last name : .....

Name : .....

Birth date : .....

Place of Birth : .....

Nationality : .....

Address : .....

Postal code : ..... City : .....

Phone : ..... Landline : .....

E-mail : .....

Are you ?    Student (specify) .....

Employee    Retired    Other

Do you allow the association to take pictures of you during your stay and to use it as part of its activity (website, advertising brochure) or by its partners ?

Yes    No

## IMPORTANT INFORMATIONS

Social security number (that of the parent for juveniles under 18)

.....

Date of your last tetanus shot: .....

Allergies : .....

Other illness: .....

Blood type: .....

Special diet : .....

## MANDATORY SIGNATURE OF THE PARTICIPANT

By signing this document, I acknowledge having read the mutual responsibilities.

Made in : ..... The : .....

Signature of the participant:

The information collected in this document are subject to the right of access and rectification provided for by law number 78-17 of January 1978, relating to files, data processing and freedom.

## MANDATORY PARENTAL AUTHORIZATION FOR JUVENILE UNDER 18

I the undersigned, Mrs / Mr : .....

Allow my daughter / my son (remove the unnecessary mention)

To participate to C.H.A.M activities and authorises in case of absolute necessity the worksite manager mandated by said association to have my daughter / my son hospitalized.

Address of the legal representative :

.....

Postal code : ..... City : .....

Phone : .....

Position of the signatory : .....

Made in : ..... The : .....

Signature of the legal representative:

RESERVED  
FOR C.H.A.M

Member number : **22 -**