

University of Life Sciences "King Mihai I" from Timisoara

BODY issuer

Department of Quality Management

CODE USVT -R089- F02 Regulations for the implementation of the program "Volunteering in academic development activity" (VADA)

edition 2/Revision

Appendix 2

VOLUNTEER REGISTRATION REQUEST

No. _____ dated _____ The undersigned _______, I request registration as a volunteer in the activity _____ _____ within _____ Contacts: e-mail: ______, phone_____ CI series_____, no______, CNP_____ CI address ____ My motivation to participate as a volunteer is: I also participated in the following volunteering activities: My skills for the requested volunteering activities are: Name, Surname _____ Signature _____