Attachment No. 3 to the Volunteering Regulations at the Treblinka Museum. The German Nazi Extermination Camp and the Labour Camp (1941-1944)

APPLICATION FORM FOR MINOR/ADULT VOLUNTEER CANDIDATE

PERSONAL INFORMATION:		
Full name of the candidate:		
Candidate's residential address:		
*Full name of legal		
representative/guardian:		
*Residential address of legal		
representative/guardian:		
Candidate's phone number:		
Phone number of legal		
representative/guardian:		
Candidate's email address:		
*Email address of legal		
representative/guardian:		
EDUCATION:		
INTERESTS:		
REASON EOR ADDIVING		
REASON FOR APPLYING:		
Please select the applicable option(s):		
_ I want to develop my interests related to World War II.		

☐ I want to gain experience in:		
☐ conducting research,		
organizing and leading educational, cultural, and outreach activities,		
promoting museum events.		
☐ I want to participate in events organized by	the Museum.	
☐ I want to feel the satisfaction of spending my time productively.		
☐ I want to develop my social skills (self-prese communication, etc.).	ntation, empathy, verbal and non-verbal	
☐ I want to meet interesting people.		
☐ I want to obtain a certificate and reference f	or my volunteer work.	
☐ Other:		
(place, date)	(signature of the volunteer or legal representative/guardian)	

^{*}strike out if not applicable