





Volunteer Application Form

Sea Turtle Conservation Activity on Samandag Beach Hatay/TURKEY

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please read carefully en	nclosed i	nformation					Photo	
Surname:								
Date of Birth:								
Address (indicate if per								
Occupation								
E'l			Tel:					
E-mail:	••••••							
Contact person in case	of emer	gency (Name, A	Address, Telephone ar	nd Email):				
			Tel:					
Languages spoken:								
Native Language:		Other:	VERY GOOD	GOOD	BASIC			
			English					
			Turkish					
GI W								
Skills:								
Driving		Motorbike						
	П	Car (EU or i)	nternational license s	ince//)			
Computers		Basic skills (e.g. word processing, spreadsheets)						
		Engineering	(e.g. web design, prog	gramming, ha	rdware maintei	nance)		
		Graphic desi	gn (e.g. desk top pubi	lishing)				
Arts		Professional photography						
		Drawing and						

Manual work-Handywith 4-1-6
with 1001s (e.g. carnentry decay)
Other: Education/Work experience:
Home was a large and the same a
Have you worked for other relevant projects? ☐ Yes ☐ No If yes, please provide details
How did you find out about this volunteer position? □ Environmental Organisation □ Social network □ Other volunteer □ The internet □ Other
please specify:
I plan to work for weeks (Minimum participation period: 3 weeks (21 days))
from to to
provide us with flexible time periods if possible, to allow better scheduling
- Participants, who have a health problem (herniated disk, kidney disease, a new surgical, etc.) are not suitable for fiel works.
 Field works, which takes during the night (8:00 p.m. to 4:00 a.m.) or in the morning (4:00 a.m. to 09:00) have physical difficulties such as walking on the beach about 10 km under the sun heavy wind. Females and males have to be stay in separate rooms.
 Swimming everywhere is forbidden because of rib currents. Participants have obliged to comply with the team rules.
I would like to participate between dates which is mentioned above for monitoring of sea turtles at Samandag an around beach. I know the difficulty of field conditions. I accept to obey all the field team rules and I accept my responsible for all kinds of my health problem.
Name and Surname
Date: Signature:
Send this form by email for application. For any further information please contact us in: Contact E-Mail: bektass@gmail.com ,