

2018 VOLUNTEER REGISTRATION



LUMEN EUROPEAN SOLAR CHALLENGE

| | | |
|---|------------|--|
| First Name | | |
| Last Name | | |
| Gender | Female | |
| | Male | |
| Nationality | | |
| Country of Residence | | |
| Date of Birth | dd/mm/yyyy | |
| E-Mail | | |
| Mobile | | |
| Profession | | |
| Do you have an international Driver's License? | yes | |
| | no | |
| Date of Arrival | | |
| Date of Departure | | |
| What Languages do you speak proficiently? | | |
| Have you ever participated in a SolarCar Event? | yes | |
| | no | |
| Which Events have you attended and how did you participate (as a Team, Volunteer, Organizer, ...)? | | |
| How did you hear about the iESC? | | |
| | | |

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| | | |
|---|-------|--|
| Do you have a First Aid Certificate that's up-to-date? | yes | |
| | no | |
| Do you follow a special diet? | | |
| Do you have food allergies? | | |
| | else: | |
| Shirt size | | |

Emergency Medical Information

| | |
|---|--|
| Please list any illness or physical disorder that we should know about in case of a medical emergency: | |
| | |
| Do you have any allergies or have you ever reacted unfavorably to any drugs or medicine? | |
| | |
| Emergency Contact (a person not at the event): | |
| Name | |
| Mobile | |
| Relation | |
| Location | |

I am aware that by submitting this form I register myself as a Volunteer for the iESC 2018 and am committing to the event. I agree to my medical information being used or released to appropriate medical professionals in case of emergency. My personal data will be kept, properly managed and protected by the officials of the iESC 2018 and will not be used for any other purpose than running this event.