

# Volunteer REGISTRATION



<b>First Name</b>	
<b>Last Name</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> x
<b>Nationality</b>	
<b>Country of Residence</b>	
<b>Date of Birth</b>	
<b>E-Mail address</b>	
<b>Mobile number</b>	
<b>Do you have an international Driver's License</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Date of Arrival</b>	<input type="checkbox"/> 14/9 <input type="checkbox"/> 15/9 <input type="checkbox"/> 16/9
<b>Date of Departure</b>	<input type="checkbox"/> 17/9 <input type="checkbox"/> 18/9 <input type="checkbox"/> 19/9
<b>Do you have a First Aid Certificate that's up-to date?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you ever participated in a solar car event?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Which event and how did you participate (volunteer, organizer, solar team)</b>	
<b>Please list any illness or physical disorder that we should know about in case of a medical emergency:</b>	<input type="checkbox"/>
<b>Do you have any allergies or have you ever reacted unfavourably to any drugs or medicine?</b>	<input type="checkbox"/>
<b>Emergency Contact (a person not at the event)</b>	<input type="checkbox"/> <b>Name:</b> <input type="checkbox"/> <b>Mobile:</b> <input type="checkbox"/> <b>Relation:</b> <input type="checkbox"/> <b>Country:</b>

**I am aware that by submitting this form I register myself as a Volunteer Member for the iLumen European Solar Challenge 2022. 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 iLumen European Solar Challenge 2022 and will not be used for any other purpose than running this event**

**First Name :**

**Last Name :**

**Signature:**

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