

**APPLICATION FORM FOR THE 2015 EMMAUS WORK CAMP**

**Place of the work camp:**

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**Date:**

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**Name:**

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**Address:**

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**E-mail:**

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**Phone:**

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**Age:**

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**Nationality:**

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**Education/Occupation:**

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**Spoken language(s):**

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**Person of contact in case of emergency:**

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**If you are a member of an Emmaus group, please provide contact information for it:**

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**Please explain why you are interested in taking part in the work camp:**

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**What is your connection with the Emmaus movement (if you are not a member of the Emmaus group)?**

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**Do you have special or medical needs (vegetarian, allergic etc...?)**

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**Think about your personal insurance!**  
**Some groups may ask the European Health Insurance Card.**

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