

Ecumenical movement refugee assistance Lohausen

I herewith declare that I am willing to support the refugee care on a voluntary basis:

My information:

Mr / Mrs

Family Name: _____

First Name: _____

Street and House Number: _____

Postcode: _____

City: _____

E-Mail: _____

Mobile Phone: _____

Home Phone: _____

Possible Areas I am able and willing to support:

1. In-kind Donations

Some errands to run Sorting Handing out

2. Guidance

Authorities Doctors/Medical Local

Sport Schools Day-care Centre First registration office

3. Languages

Translation Interpretations

Language Training Please name your existing Language Skills: _____

4. Children & Youth

Recreation Creative Work

Afternoons/School Care Child/Youth Care

I could help at the following times:

Morning Afternoon Evening

On the following days:

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

I / We would like to assume a sponsorship of:

- Single Person
- A Family

I / We would like to support the local Lohausen Refugee Help with a financial donation:

Declaration to Contact Details and Data Protection **(PLEASE MARK EITHER YES OR NO):**

“I agree that my contact details can be used or released in order to network within the refugee help and in order to pass on current information”

- YES
- NO

Duesseldorf, the _____ (date)

Signature