

**VOLUNTEER FORM**

**for the project of the Union of Polish Metropolises**

**“Commemoration of deportations of Polish citizens from land incorporated into the Third Reich”**

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Name and surname

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Place and date of birth

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PESEL number

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ID type and number

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Address

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Contact data (phone numbers, e-mails, other)

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Profession or school, studies (major, school profile, class, year)

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Form of voluntary work:

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Application date ................................................................................................................

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Volunteer's signature Signature of school teacher or assistant

(alternatively parents/legal caregivers)