



INTERNATIONAL UNIVERSITY OF SARAJEVO  
INTERNACIONALNI UNIVERZITET U SARAJEVU

UNIVERSITY COMMUNICATIONS OFFICE  
F251/23

## IUS VOLUNTEER APPLICATION FORM

<i>PERSONAL INFORMATION/CONTACT DETAILS</i>	
Student's Name and Surname	
Student ID Number	
Faculty	
Study Program	
Phone Number	
E-mail	
Preferred Method of Contact	<input type="radio"/> Phone <input type="radio"/> E-mail

<i>OTHER INFORMATION</i>	
Mother Tongue	
Other Languages	
Hobbies/Interests	
Why are you interested in becoming an IUS volunteer?	
<p>By signing this form, I declare that the provided information is true and accurate.</p> <p>I understand that this application form does not automatically register me as a volunteer, but that there is a selection process.</p> <p>I confirm that I am willing to volunteer for at least six months.</p>	

Signature:

\_\_\_\_\_

Date: