

**DECLARATION of professional secrecy IN PURSUIT OF VOLUNTEERING
with ELA ORGANISATION**

Signed (name):

Passport number:

Resident(permanent residence: the street number, postal code, town, country):

DECLARE

- That I am aware of Ela org. content as the society and as cultural and educational center for children with learning difficulties in Malawi (below centre)

and I will in this respect, rigorously maintained process performance information from unauthorized persons during and after volunteering period in ELA organisation.

- That I am aware of conditions of voluntary work and stay in the center;
- That I will conscientiously and responsibly perform volunteer work during my stay with ELA organisation;
- I'll pay total cost of my stay in accordance with the rules of the ELA organisation;
- I'll pay total cost of their way to the center and outside the center and return home;
- Before coming to the centre properly regulated and pay all the costs of private health insurance and vaccinations for voluntary work and stay in Malawi.
- Won't held ELA org. reliable for any health coverage costs, personal possession damage or thefts that might happen in the duration of volunteering.

Date

Signature
