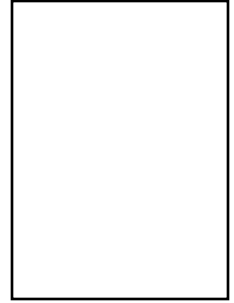




## ADULT REGISTRATION FORM

INTERNATIONAL ASSOCIATION HORIZUM



– Chaplaincy and Human Rights

### PERSONAL INFORMATION |

1. Full Name: \_\_\_\_\_
2. Blood Type: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Identification Document (Type and Number): \_\_\_\_\_
5. Country and City of Residence: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Contact Phone Number: \_\_\_\_\_
8. Language(s) Spoken: \_\_\_\_\_

### TRAINING AND EXPERIENCE

- Current Profession or Community Role: \_\_\_\_\_
- Do you have previous experience in spiritual, educational, or humanitarian areas? (Yes / No)
- Briefly specify  
\_\_\_\_\_  
\_\_\_\_\_
- Have you participated in chaplaincy programs before? (Yes / No)  
or Name of the institution (if applicable) \_\_\_\_\_
- Are you interested in receiving accreditation as an international chaplain? (Yes / No)
- Do you have training or interest in human rights issues? (Yes / No)



- Please specify briefly

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### ◆ MOTIVATION AND VALUES

- Why do you want to be part of the International Association Horizum?

Write a brief personal motivation

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- Which value best represents your vocation? or (Justice / Offering / Service / Hope / Protection / Humanity)
- Are you willing to respect the principles of inclusion, multiculturalism, and human rights promoted by the association? (Yes / No)

### DOCUMENTATION



- Copy of ID
- Passport-size photo
- Letter of motivation (optional)
- Previous certificates (if applicable)
- Personal recommendation (from an institution, community leader, or spiritual mentor)
- Proof of address (utility bill, official document, etc.)
- Proof of membership or participation in another chaplaincy (if applicable)

### SIGNATURE AND AUTHORIZATION

I declare that the information provided is true and authorize the institutional use of this data for training, accreditation, and participation purposes within the International Association Horizum.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

