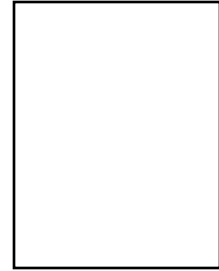




REGISTRATION FORM

INTERNATIONAL ASSOCIATION HORIZUM



Project JOSEPH – Children's Chaplaincy and Human Rights

CHILD'S INFORMATION

Full Name: _____

Date of Birth: _____

Age: _____

Country and City of Residence: _____

Name of Parent or Legal Guardian: _____

Contact Phone Number: _____

Email Address of Responsible Adult: _____

Has the child received spiritual guidance before? (Yes / No)

Does the child have any special needs or medical conditions that we should be aware of?
(Please specify briefly)

INFORMATION OF THE RESPONSIBLE ADULT OR CHAPLAIN APPLICANT

Full Name: _____

Identity Document: _____

Country and City of Residence: _____

Email Address: _____

Contact Phone Number: _____

Language(s) Spoken: _____

Profession or Community Role: _____ Do you wish to participate as an accredited children's chaplain? (Yes / No)

Do you have prior training in spiritual, educational, or humanitarian areas? (Please specify briefly)

🌍 COMMITMENT AND VALUES

Why do you want to be part of Project JOSEPH? (Write a brief personal motivation)

Which JOSEPH value best represents your vocation? (Justice / Offering / Service / Hope / Protection / Humanity)

Are you willing to respect the principles of inclusion, multiculturalism, and human rights promoted by the project? (Yes / No)

📄 DOCUMENTATION

Please attach the following documents:

- Copy of ID (child and adult)
- Passport-size photo (child and adult)
- Letter of motivation (optional)
- Previous certificates (if applicable)

✍️ Signature and Authorization

I declare that the information provided is true and I authorize the institutional use of this data for training, accreditation, and support purposes within the JOSEPH Project.

Date: _____

Signature of responsible adult: _____

