



## **AVe : ASSOCIATED VOLONTEERS experts**

### **EXPERTISE REQUEST**

#### **APPLICANT IDENTIFICATION**

**Name or corporate name :**

**Postal address :**

**Phone(s) :**

**Email address :**

**Legal status (Entreprise, Association, Institution) :**

**Applicant's activities :**

**Name and title of the responsible person for the expertise request :**

#### **CONTEXT AND MOTIVATION OF THE EXPERTISE REQUEST**

#### **PRECISE DESCRIPTION OF THE EXPERTISE REQUEST**

I N T E R N A T I O N A L  
A S S O C I A T E D V O L U N T E E R E X P E R T S  
A S S O C I A T I O N D E V O L O N T A I R E S E X P E R T S

COOPERATIVE HELP FOR ENTERPRISE  
ASSISTANCE BÉNÉVOLE À L'ENTREPRISE



**Expert professional qualifications requested :**

**Desired starting date of the mission :**

**Location of the mission :**

### **TERMS AND CONDITIONS**

**The applicant acknowledges and accepts the terms of collaboration :**

- **Payment of the contribution to the AVE operating costs**
  - **Transport (train tickets, flight tickets ...)**
  - **Accommodation and meals costs**
  - **Local transportation costs during the mission**
  - **Visa, vaccinations, medical prescriptions and requisite administrative formalities**

**Done in :**

**Date :**

**Name and function of the signatory :**

**Signature**

I N T E R N A T I O N A L  
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A S S O C I A T I O N D E V O L O N T A I R E S E X P E R T S

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**AVE**  
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