 **FORMULÁRIO DE ESTÁGIO VOLUNTÁRIO JUNTO À ASPSP**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RA:\_\_\_\_\_\_\_\_\_\_\_\_\_

Habilitação:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semestre:\_\_\_\_\_ Período: Matutino ( ) Noturno ( )

Endereço:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bairro:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Celular: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Por que você gostaria de participar da equipe de alunos voluntários?

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Descreva seu perfil profissional / expertise / competências etc .

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Qual sua disponibilidade de tempo durante a semana, dias e períodos (horas)?

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Qual sua 1ª percepção sobre a Associação de Psicologia de São Paulo?

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Quais motivos você argumentaria sobre sua escolha para compor a equipe?

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