**EVS – AFS Pre-Application**

**Local EVS projects**

Thank you for showing interest in one or more of our local EVS projects!

**Important Hosting Facts:**

* The volunteer will stay & live with a local Belgian host family. The integration in the local culture by living in a host family is an important part of the project. **Only volunteers who are truly motivated to live in a Belgian host family should apply for this project**! Please do consider that our host families are not necessarily living near the project, especially if your project is in a larger city like Brussels, Antwerp, Gent,.... You might have to take public transportation, so take into account that travelling between home and work might take some time.
* The spoken languages in all these projects is **Dutch**. Volunteers should be motivated to learn Dutch during their EVS program. You will receive access to the mandatory Online Linguistic Service of Erasmus+, but you should be motivated to take initiative to learn the language also on yourself.
* Almost all projects are individual projects
* Once you are accepted as an EVS-volunteer in a project, we will ask you to provide us with:
	+ A **guarantee of 75 euro** (which will be refunded right after your arrival in Belgium, together with the pocket money for the first month)
	+ A health form signed and stamped by your doctor (we will give you a form)

**Application Procedure:**

1. This filled in pre-application form with motivation letter (for a specific project) and host family letter

2. A picture of yourself

3. Your Curriculum Vitae (preferably Europass)

We are looking forward to welcome you in Belgium Flanders!

Bilitis Lauwers
Coördinator 18+ Programs

**PRE-APLICATION FORM**

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | First name |  |
| Adress |  |
| Zip code |  | City |  |
| Country |  | Birthdate: (dd/mm/yyyy) |  |
| ESC registration number |  | Mobile phone |  |
| Email address |  | Website |  |
| Name of Sending organization |  | Email of contact person at sending organisation |  |
| Contact person at sending organisation |

**Connections abroad**

Has anyone in your family participated on an AFS Program (hosting/sending)? NO / YES: *..................*

Any close friends or relatives living abroad? If yes, please specify city and country*.………………………*

Have you participated in any other exchange program, traveled abroad for a long period or lived in another country? Please provide details:.*.............................................................*............................

**Placement**

**Medical requirements and health restrictions**

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or activities?

YES / NO If yes, please explain:...............................

Did you ever consult a psychologist or psychiatrist?

YES / NO If yes, please explain:...............................

**Dietary requirements**

Do you have dietary restrictions, including for medical, religious or self-imposed reasons? YES / NO

If yes, please explain: .....................................................................................................................

**Religion**

What is your religious affiliation, if any? (Optional) *........................................................*

How strongly do you feel about having access to structured religious services of your own faith? REQUIRED / NON REQUIRED

**Smoking**

Do you smoke cigarettes? NO / YES

Will you smoke during your EVS program YES / NO

**Languages**

Native language: .............................................................................

Language proficiency (for languages other than your native language):

Language: ......................... Years studied:............... Speaking ability:...............................

Writing ability:...................................

Language: ......................... Years studied:................ Speaking ability:...............................

Writing ability:...................................

Language: .......................... Years studied:................ Speaking ability:...............................

Writing ability:...................................

**HOSTFAMILY**

*AFS strongly believes in the intercultural learning aspect of an EVS-experience. Therefore, the volunteer will be living with a volunteer host family, as we believe this is the best introduction to the Belgian culture and a great opportunity to integrate in the local community.*

**Motivation to live in host family**

You will be accommodated in a host family. Please describe your motivation to live in a local host family

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**Self Intro**

Please attach one **picture** of yourself to the pre-application form!

The Self Intro is your chance to tell AFS-Belgium Flanders/your future host family about yourself in a letter. Incorporate your answers to the questions below in order to communicate who you are. Please write your letter in English.

Keep in mind that this will be the first impression your future host family gets of you.

To give you an idea, some questions you might want to answer:

1. How would your family and friends describe your personality?
2. How would you describe your relationship with your family and friends?
3. What are your different roles in your community (For example: school, work, sports, community activities)? What is important to you?
4. What part of your daily life do you find frustrating or difficult?
5. Whether or not you have been successful, please describe an obstacle in your life and how you attempted to overcome this challenge.
6. Tell us about your education or career plans.
7. Please identify your major interests and activities and how often you pursue them. You should include various types of interests and activities.

**HOSTING PROJECT**

**Motivation for the local EVS project(s)**

Please add a motivation letter to your application, written specifically for the project you are applying for (not a general letter).

**SENDING ORGANISATION**

If you don’t have a sending organization yet, let us know and we will advise you.

If you have one, please provide us with the following information:

**Sending Organization**

Name: ProAtlântico-Associação Juvenil

PIC: 950489033

Address: Casa Europa-Rua Policarpo Anjos nº48

Zip code: 1495 – 207

State/Province: Cruz Quebrada

Country: Portugal

Phone: 00351214218417

E-mail: sveenvio@proatlantico.com

Website:

**Contact Person**

Name: Nuno Chaves

Phone: 00351214218417

E-mail: sveenvio@proatlantico.com

