APPLICATION QUESTIONNAIRE FOR

THE EUROPEAN SOLIDARITY CORPS PROJECT:

Chosen Hosting Organization:

Candidate’s Name and Surname:

Nationality: / country of residence:

Sending Organization Name: ProAtlântico-Associação Juvenil

Age:

Personal Information:

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| --- | --- | --- | --- | --- |
| Name |  | | | |
| Surname |  | | | |
| Address |  | Number |  | |
| Postal Code |  | City |  | |
| Country |  | | | |
| Mobile |  | Fax |  | |
| Skype |  | e-mail |  | |
| Date of Birth |  | Place of Birth |  | |
| Nationality |  | Sex F/M |  |  |
| Emergency contact details:  Name and Surname:    Address:  Email: mobile: | | | |  |

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| MOTIVATION AND EXPERIENCE  \*please, give us true and detailed answers. Do not generalize. The more details you give us, the better idea of your personality we will have. |
| 1. Describe your motivation and expectations.  Please, write exactly what you would like to learn/ gain/ develop thanks to participation in the ESC project.  What can you offer to the hosting organization and to the people who you will work with in exchange? |
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| 1. Please give us specific ideas for activities related to your culture / other (art, music, theatre, etc.) that you would like to organize during your volunteer time.   Please write as much as you have in mind, this will help us make a better work plan for you. |
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| 1. Tell us about your skills and knowledge that you think can be useful for the project. |
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| 1. Please describe your personality in the following categories: your strong and weak points, values and your attitude to changes in life. |
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| 1. Please put in order of preference:   Intellectual work  Working alone  Heavy manual work  Daily contact with the public/children  Team work  Working outdoors  Light manual work  Art work  Other: ? |
| 1. Please describe your experience in working at cultural events like festivals, workshops for local communities as well as working within groups of children/youth. If you have had any, how long did it take and what did you do/what was your role ?   Please give examples of activities that you organized or supported. |
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| 1. In this particular project, 60% will involve daily contact with children and 40% of the work will be done in an office environment, can you please tell us how you feel about working in an office?   How do you feel about sending emails to potential sponsors, writing documents, contacting artistic groups from your country (in English, on email and phone), printing materials, creating databases (in excel), editing social media?  Do you have any experience working in an office? |
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| 1. The main language used in this project and in the office is English. Please tell us if you have used English as a work language before. In which circumstances? Please be specific. |
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| 1. What kind of difficulties do you think you would face during the stay in a foreign country? How do you think you will deal with them? What are your fears and hopes?   Please describe your previous international experience. |
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| 1. What do you know about Poland (people, customs, culture)? What would you like to see in Poland? |
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| 1. What do you do in your free time? |
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| 1. Please write something about your family, friends and your life in your country. |
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| 1. Any other information about yourself that you would like the project team to know. |
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| 1. What do you plan on doing after this ESC project? |
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| 15. Why did you choose our project? And why Poland? |
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| HEALTH  \* Note: this information is very important for us. It allows us to plan the special support for you and conditions at your work. Please, do not hide any important information concerning your health. |

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| Physical health, special requirements (serious accident, chronic disease, allergy, disability, epilepsy, diabetes, others) | Yes/ no | If yes – share more details: |
| Mental Health (psychological problems, addiction, depression, panic attacks, anxiety, others) | Yes / no | If yes – share more details: |
| Do you require any special medication? Write names of the medicines. | Yes / no | If yes – share more details: |
| Do you require any kind of physiotherapy? | Yes / no | If yes – share more details: |
| Dietary requirements? | Yes / no | If yes – share more details: |
| Have you had Covid 19 in the past? When exactly?  Do you have an antibody result? | Yes / no Yes / no | If yes – share more details: |
| Have you vaccinated against Covid 19? | Yes / no | If yes – share more details: |