

**APPLICATION FORM**

**TO BE COMPLETED BY THE VOLUNTEER CANDIDATE**

**Part 1. PERSONAL DATA**

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| **NAME** |  | **SURNAME** |  |
| **GENDER** |  | **AGE** |  |
| **NATIONALITY** |  | **CITY AND COUNTRY OF RESIDENCE** |  |
| **PLACE AND DATE OF BIRTH** |  | **EMERGENCY CONTACT (NAME)** |  |
| **MOBILE** |  | **EMERGENCY CONTACT (NUMBER)** |  |
| **E-MAIL** |  | **SKYPE** |  |
| **ADDRESS** |  | | |
| **FAMILY MEMBERS** |  | | |
| **DRIVING LICENCE** |  | | |

**Part 2. LANGUAGES SPOKEN**

**Native language**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  | **Speaking** | **Reading** | **Writing** |
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**Part 3. INFORMATION ABOUT YOUR BACKGROUND** (You can extend the space for your answers)

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| **Describe you town (inhabitants, environment, opportunity for young people…)** |
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| **Education and / or vocational training (with dates):** |
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| **Employments (main experiences) – last 3 years** |
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| **Describe previous volunteering experiences** |
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**Part 4. INFORMATION ABOUT YOUR MOTIVATION, EXPECTATION AND NEEDS FROM THIS EVS PROJECT**

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| **Why have you chosen to do a Volunteering experience in this moment of your life?**  **What do you hope to gain from it rather than a work experience?** |
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| **What are your main expectations in terms of learning from this project? Why have you chosen this type of project?** |
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| **Explain why you decided to do your volunteering in Italy** |
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| **Why do you think we should choose you as volunteer for this project (do you have any ideas what you could contribute to your new hosting and volunteering environment):** |
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**Part 5. OTHER INFO**

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| **Try to describe your personality (3 points of strength and 3 points of weakness)** |
| 1.  2.  3.  1.  2.  3. |
| **Do you have any special need? (food, health…) If yes, please describe.** |
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| **What do you like doing in your free time? (hobbies)** |
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| **Have you already lived alone or without your family? Please describe how was this/these experience (s)** |
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**Part 6. SUPPORT ORGANIZATION (SENDING ORGANIZATION)**

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| **NAME OF THE SUPPORT ORGANIZATION** | **ProAtlântico -Associação Juvenil** | **TYPE (NGO, MUNICIPALITY…)** | **Youth Association** |
| **NAME OF THE CONTACT PERSON** | **Nuno** | **SURNAME OF THE CONTACT PERSON** | **Chaves** |
| **WEB SITE OF THE ORGANIZATION** |  | **MAIL** | **sveenvio@proatlantico.com** |
| **TELEPHONE** | **00351214218417** | **SKYPE** |  |
| **ADDRESS** | **Casa Europa-Rua Policarpo Anjos nº 43,** | **CITY** | **1495-207 Cruz Quebrada, portugal** |