### Supporting organisation details (Please note that we can only accept your application if you already have a support organisation)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | ProAtlântico-Associação Juvenil | OID: | E10120334 |
| Address: | Casa Europa-Rua Policarpo Anjos nº 43, 1495-207 Cruz Quebrada, Portugal |
| Phone: | 00351214218417 | E-mail:  | isamartacorreia@proatlantico.com |
| Contact person: | Nuno Chaves |

### Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Surname(s): |  |  | (Photo) |
| First name(s): |  |  |
| Address: |  |  |
| Postcode & city: |  |  |
| Country: |  |  |
| Phone: |  |  |
| Email: |  |

### Personal information

|  |  |  |  |
| --- | --- | --- | --- |
| Gender: |  | Nationality: |  |
| Date of birth: |  | Place of birth: |  |
| PRN (your registration number at the [online portal](https://europa.eu/youth/solidarity_en)): |  |
| Passport number:  |  |

#### ****Person to contact in case of emergency (Name, Address, Telephone and E-mail)****

|  |
| --- |
| [ ]  please tick here to show you understand and accept the above declaration. Declaration‘I declare that the person mentioned as my emergency contact is informed about the status and agrees to share the contact details with the responsible in the coordinating and hosting organisation’  |
|  |

#### Your current occupation

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#### Please describe your previous work and/or volunteer experiences (local and international)?

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#### Do you have any former international experiences (other stays abroad, exchanges etc.)? Please describe.

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|  |

#### What are your hobbies?

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#### How would you describe your personality?

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| --- |
|  |

#### Knowledge and skills you can share during your volunteering experience:

|  |
| --- |
|  |

#### Knowledge and skills you hope to gain during your volunteering experience:

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|  |

#### Which challenges do you think you will encounter during your stay abroad?

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| --- |
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#### Do you consider that in your life you face some of the following obstacles?

|  |  |  |
| --- | --- | --- |
| ****Please answer honestly. This information will help us in the selection and preparation process and will ensure you are offered adequate support during your volunteering activity.**** | ****Yes**** | ****No**** |
| **Disability / special needs – *e.g. mental (intellectual, cognitive, learning), physical, sensory or other disabilities*** |  |  |
| **Health problems - *e.g. chronic health problems, severe illnesses or psychiatric conditions*** |  |  |
| **Educational difficulties - *e.g. learning difficulties, early school-leaver, poor school performance*** |  |  |
| **Cultural differences - *e.g. immigrant, refugees or with immigrant or refugee family background, belonging to a national or ethnic minority*** |  |  |
| **Economic obstacles - *e.g. low standard of living, low income, dependence on social welfare system, long-term unemployment or poverty, debt or financial problems*** |  |  |
| **Social obstacles - *e.g. facing discrimination because of gender, ethnicity, religion, sexual orientation*** |  |  |
| **Geographical obstacles - *e.g. from remote or rural areas, young people living on small islands or in peripheral regions, young people from urban problem zones, young people from less serviced areas (limited public transport, poor facilities)*** |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **Do you have any special needs (medical conditions, disabilities, impairments etc.)?** |  |  |
| **Do you have any kind of allergy?**  |  |  |
| **Do you need to take any kind of medicine?** |  |  |
| **Are you a vegetarian?**  |  |  |
| **Is there any food you do not eat?** |  |  |

#### If you have answered yes to any of the above questions, please give further description and if applicable describe the necessary assistance/support you will need when living in Vienna

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| --- |
|  |

### Language abilities

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| --- | --- | --- | --- | --- | --- |
| Language (mark by x) |  | Native | Fluent | Good | Basic |
| German |  |  |  |  |  |
| English |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Declaration

‘I agree that the data in this form will be shared with the responsible in the coordinating and hosting organisation’

[ ]  please tick here to show you understand and accept the above declaration.

### Your motivation – Which organisation are you interested in?

In case you are interested in more than one hosting organisation coordinated by Grenzenlos, please send a separate application form for each of the projects.

|  |  |
| --- | --- |
| Name of the organisation you want to apply for: |  |
| When can you start the project and for how long: |  |

Please describe below carefully your motivation for this specific project or attach a motivation letter

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|  |

#### Is there anything else you would like to tell?

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|  |

Declaration

“I declare that all of the information on this application form is honest and truthful to ability, experience and support needs and has been completed by the volunteer named on this application form. Furthermore, I declare that I have never taken part in any long term Erasmus+ or ESC funded volunteering project. “

[ ]  please tick here to show you understand and accept the above declaration.

# **TO BE COMPLETED BY THE SUPPORTING ORGANISATION**

* How did you select the volunteer? (Is the volunteer a member of your organisation, are you going to involve the volunteer in your current activities, did you interview the volunteer by phone or face-to-face...)
* How do you keep the volunteer motivated, how do you provide the volunteer with emotional preparation? (Cultural shock, conflict resolution, expectations, contact with ex-volunteers, …)
* Do you provide the volunteer with theoretical preparation? (Insurance, rights and responsibilities of the volunteer, SO and HO tasks, duties of the tutor of the project...).
* Do you provide the volunteer with other kind of formation? (Languages, cultural formation about your own country and the hosting country…).
* To your understanding, can the candidate be considered a participant with fewer opportunities in any way?