



Application for a Volunteering Service in the Program "European Solidarity Corps" (ESC)

Please tick which project(s) you would like to apply for.

Kindergarten	Children and Youth center	Others
<input type="checkbox"/> Sprachkiste Kindersprachbrücke Jena: Kindergarten "Sprachkiste" (kindersprachbruecke.de)	<input type="checkbox"/> Klex <i>children and youth center @klexjena</i>	Eurowerkstatt Jena e.V. <i>non-profit organization @eurowerkstatt</i>
<input type="checkbox"/> Montessori Kindergarten "Munketal" kindergarten Montessori Kiga Munketal (jena.de)	<input type="checkbox"/> Westside <i>youth center @jz.westside</i>	<input type="checkbox"/> SV Schott Jena e.V. <i>table tennis association</i> SV SCHOTT Jena - Abteilung Tischtennis (schott-tt.de)
<input type="checkbox"/> Waldkindergarten <i>kindergarten</i> Waldkindergarten Jena – »Unser Haus ist der Wald« (waldkinder-jena.de)	<input type="checkbox"/> polaris <i>youth center @polaris_jena</i>	
<input type="checkbox"/> Vorschulteil Jenaplan-Schule <i>kindergarten</i> Vorschulgruppe – Jenaplan-Schule Jena	<input type="checkbox"/> Freizeitladen <i>youth center @freizeitladen_winzerla</i>	
<input type="checkbox"/> Montessori Kindergarten "Sausewind" kindergarten Montessori Kinderhaus „Sausewind“ Bürgel (1) – ifap (ifap-thueringen.de)		

Please fill in this application form in English or German, thank you!

Photo

Personal information

Family name

First name

Street name and house number

Postal code and town

Telephone number (with international area code)

Email-address

Register Nr. at <https://europa.eu/youth/solidarity> → really important!

Nationality

Date of birth:

City of birth:

Gender female male *diverse*

Family status (own children?)

Driving licence

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Emergency contact

Family name	
First name	
Street name and house number	
Postal code, town	
Telephone number	
Email-address	

Education, language skills and experience

Information about your education

school pupil

graduation probably (date): _____

school education already finished

graduation date: _____

vocational training

profession: _____

finishing date: _____

student

name of studies: _____

graduation probably (date): _____

Studies finished

name of studies: _____

graduation date: _____

Your Current Situation

school or university: _____

working as: _____

in the phase between school and studies or vocational training

registered unemployed

other: _____

Does this describe you?

- disability
- unemployed
- leaving school without qualifications
- Immigrant
- geographical disadvantage

Your language skills

	English	German	Spanish	French	Italian	Russian	Turkish	other
Fluently								
Good								
Little								

How did you learn these languages?

Do you have some kind of other qualifications? (For example working with the computer, working with a camera, bookkeeping, handcraft, playing an instrument, project management, sports, ...)

Do you have experience in a specific area? (For example working with children, teenagers or old people, travelling, working in the garden, playing an instrument, blogging, cooking, ...)

Have you been or are you active as a volunteer? When, where and in which field?

Did you already participate in *European Solidarity Corps* (ESC) projects?

Your volunteering service

Our ESC volunteering project will last from 01.09.2023 until 31.08.2024.

Your Motivation: Why would you like to take part as a volunteer in the ESC Program?

Your Expectations: How do you imagine the work as a volunteer in a hosting project? What do you think you can gain during your service?

What are your strength and weaknesses?

What are your hobbies?

What values are especially important to you?

Your plans, wishes, ideas for your professional future after the volunteering service?

Do you have any special needs that we should take into account? (For example allergies, dietary needs, problems of mobility, health care, physical disability, psychological problems, ...)

Is there anything else, you want to tell us?

Your Sending Organization

* mandatory field

OID *	
Accreditation Number *	
Full legal name (National Language)	
Full legal name (Latin characters) *	
National ID (if applicable)	
Department (if applicable)	
Street address and house number *	
Post code and City *	
Country *	
Website	
Email *	
Contact person *	
Telephone	

Legal Representative

First Name *	
Family Name *	
Position *	
E-Mail	

Background and experience

Please describe briefly your organization

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What are the activities and experience of the organization in the areas relevant for this application?

What are the skills and expertise of key staff/person involved in this application?